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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Medical Officer of Health


and

Principal School Medical Officer

Basil Gilbert

M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

1972



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1972

Department of Public Health,
St. Peter's House,
Oldham.
OL1 1JS

November, 1973.

To the Mayor, Aldermen and Members of the Borough Council,

Your Worship, Ladies and Gentlemen,

It is my pleasure to present my report on the health of the borough for the year, 1972.

A decade has now passed since I took up my appointment as your Medical Officer of Health, a decade in which we have seen many changes, culminating in the reorganisation of Local Government and of the National Health Service, resulting not only in the abolition of the statutory appointment of Medical Officer of Health from 31st March, 1974, but in the removal altogether of the personal health services from the sphere of Local Government.

The County Borough of Oldham will itself cease to exist, submerging its identity in a new community of interest with neighbouring authorities to form a new Metropolitan District of Oldham. Although it is always sad to witness the end of a great tradition, these events need not be regarded as catastrophic, but visualised in the context of providing even greater potential for improving the quality of life in the area.

This has been a year where the routine day to day working of the department has of necessity been subordinated to the problems engendered by impending reorganisation. This is not to imply any neglect of the multitude of activities of the department but a marking time rather than a continuing advance. This period of consolidation is even more important if the public is to receive the same high standard of service after reorganisation that it has been used to previously.

A brief review of the events of 1972 indicates that the downward trend in illegitimate births has now been maintained for the third consecutive year and can no longer be regarded as a transient phenomenon. This is a real decrease in spite of a generally falling birthrate. There has also been an overall improvement in the infant mortality rates but these are still in excess of the national average and give no grounds whatsoever for complacency or even congratulations, especially as of the 46 deaths in infants under one year, 20 were due to infection, and another 12, sudden deaths of indeterminate cause. Thus nearly 70% of these deaths must be regarded as essentially preventable and each cold statistic is some parent's individual tragedy.

Although 115 more people died in 1972 than in the previous year, the average age at death continues to rise. 668 persons were over the age of 75 compared with 621 in 1971, and 502 were in the 65-75 age group as against 393, so the excess of deaths in 1972 were all in this group and therefore not unexpected. Indeed it indicates, somewhat paradoxically, that people are living longer.

The number of persons dying from carcinoma of the bronchus is virtually unchanged but there is a slight and predictable rise in the number of women affected; a trend which unhappily is likely to continue over the next few years being a macabre reflection of the increasing consumption of cigarettes by the fair sex since the war.

The extension of the district nurse liaison officer's duties into the borough has been a valuable adjunct to the home nursing service's treatment of the aged who have been discharged from hospital and is discussed further in the body of the report.

There is still a need to maintain a vigilant attitude in the field of infectious disease—whether domestic or imported. The notification of 900 cases of measles certainly leads me to believe that far too many parents are not taking advantage of the facilities for immunisation against this disease, which though widely regarded as inevitable and trivial can result in unpleasant and sometimes fatal sequelae.

A case of suspected smallpox was notified during the year and whilst happily it was ultimately shown not to be smallpox after a few days of uncertainty, it proved a valuable exercise in traditional preventive medicine and I must express my gratitude to the staff of the department for the way they responded to the challenge.

There was also a death due to anthrax of a patient admitted to a local hospital from outside the borough. The disease was almost certainly contracted abroad. We were also called upon to undertake routine surveillance of a contact of a case of cholera.

Although I commented last year on the re-appearance of certain exotic diseases as a bye-product of overseas travel, especially by air, it will bear constant repetition and I am sure that my clinical colleagues will bear in mind the dictum of Professor Brian Maegraith—"Where have you been, and when were you there?" It must be borne in mind that the general practitioner is now usually the first point of contact with the patient suffering from an imported infection and not, as formerly, the Medical Officer of Health or Port Medical Officer.

T.B. notification is still on the increase though ten cases were inward transfers. Fewer cases of pulmonary T.B. were notified but more non-pulmonary cases were diagnosed, mainly in immigrants as non-pulmonary T.B. has been virtually stamped out in this country following the establishment of T.B. free herds. Of the 64 new cases, 43 (67%) were in immigrants.

There was a slight (8%) but welcome fall in the overall number of cases suffering from venereal diseases but more cases of syphilis. Four of the seven new cases of syphilis were found to be associated, hence the importance of contact tracing.

At this point, I would like to draw attention to the report of the Chief Public Health Inspector which is embodied in this report. I do not propose to add any additional comment, but to express my gratitude to Mr. Eckersley and his staff for their excellent work during the year.

With reorganisation, we part company, as there will be a separation of the traditional environmental services with the public health inspectorate going to the Metropolitan District Council and the medical staff going into the National Health Service. Important links will be maintained, however, with the Area Health Authority providing medical backing to the Metropolitan District Authority, and the long and happy partnership between the Medical Officer of Health and Chief Public Health Inspector will not fall entirely by the wayside even with changes in designation.

The work of the School Health Service was maintained at a reasonable level throughout the year without any major staffing changes and we were pleased to receive timely reinforcement in August in the person of our Senior Educational Psychologist, Mr. M. J. Dawson.

It was again necessary to curtail some of the routine medical examinations because of staff shortages and the raising of the school leaving age relieved us of the necessity to carry out examination of many of the older pupils. This is reflected in the statistics which show a high proportion of entrants compared to leavers.

There was a marginal improvement in the percentage of children suffering from head infestation, 8.5% against 9.2% in 1971.

The dental health study continued during the year under review and an article is included in the body of the report.

The amount of time devoted to health education by health visitors and school nurses has again been increased.

The Employment Medical Advisory Service came into being early in the year and school leavers who were examined during the year could be referred, if necessary, to the Employment Medical Advisor. The system was devised to operate instead of the Factories Inspection and it is hoped that it will be a more comprehensive service than that offered previously under the Factories Act.

Briefly, a medical form is completed for each child for whom there is some contra-indication to any type of employment and copies of this are forwarded to the Careers Officer, the Employment Medical Advisor and the G.P., who may confer with the School Medical Officer about a particular child and offer the facilities of the Employment Medical Advisory Service in appropriate cases.

Vision testing of children in their first year at school was introduced. A very simple test with cards and shapes was used.

Oldham was selected as an area to partake in a five year National Study of Health and Growth of School Children, and a meeting was arranged with St. Thomas' Hospital, London to discuss details of the study in Oldham. Littlemoor Junior and Infant School was selected and the children there were weighed and measured, and skin thickness was measured. Prior to the examinations, health visitors visited the homes of the children to inform the parents about the study and help them complete questionnaires.

In the autumn term an 'air gun' was introduced for use in B.C.G. vaccination and this has led to a saving in medical staff time as this procedure probably takes less than half the time of the traditional one.

Chest x-rays for teaching staffs were arranged through the M.M.R. Service, in particular the unit stationed at Marjory Lees Health Centre. Approximately eight teachers were seen per week.

In conclusion, I must once more thank my staff not only for their loyal support during the year but also for coping with the additional work involved with reorganisation, especially when faced with the uncertainties of the impending change.

I also thank the officers of other corporation departments and outside organisations for their assistance and of course those members of the council, particularly the Health, Education and Housing Committees who are so intimately concerned with the working of the department.

Yours faithfully,

BASIL GILBERT,

Medical Officer of Health
and Principal School Medical Officer.

HEALTH COMMITTEE

(from May, 1972)

Chairman:

Councillor F. Baxter, J.P.

Deputy Chairman:

Alderman Mrs. E. Rothwell, J.P.

The Mayor

Alderman F. Platt

Councillor Mrs. M. E. Bennett

Councillor A. Clarke

Councillor A. Gartside

Councillor B. Kenny

Councillor F. Liles

Councillor A. J. Markham

Non-Council Members:

S. Grunstein, Esq., M.B., Ch.B.

Miss J. Evans, M.B., B.Chir.,

F.R.C.S., D.Obst., M.R.C.O.G.

STAFF

DEPARTMENT OF PUBLIC HEALTH

Medical Officer of Health and Principal School Medical Officer
Basil Gilbert, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

Senior Medical Officer:

John Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

Assistant Senior Medical Officer:

James H. Dransfield, M.A. (Oxon), L.M.S.S.A., M.R.C.G.P.

Medical Officer:

Gordon Fletcher, B.A., M.B., Ch.B., D.P.H.

Medical Officers (Sessional):

E. Scott (from 11/1/72 to 31/5/72)
Joyce Cooper, M.B., Ch.B., M.R.C.S., L.R.C.P.
Anna M. Edward, L.R.C.P., L.R.C.S., L.R.F.P.S.
Liselott Schreiber, M.D.
Joan Wilkinson, M.B., Ch.B.
Leslie M. Fenton, L.R.C.P., L.R.C.S., L.R.F.P.S., D.I.H.
Asimes Chakrabarti, M.B., B.S.
Kulbhushan A. Gulati, M.B., B.S.
Samuel L. Royce, M.B., Ch.B.
Surendra K. Mehra, M.B., B.S.
Ali A. Shaikh, M.R.C.S., L.R.C.P. (to 31/10/72)
Audrey L. Astbury, L.L.M.R.C.P., L.L.M.R.C.S. (to 31/7/72)
Margaret West, M.B., D.C.H., D.P.H. (from 1/5/72)

Chief Dental Officer:

James Fenton, L.D.S.

Senior Dental Officer:

J. H. Woolley, L.D.S.

Dental Officers:

Mrs. J. J. Davies, B.D.S. (part-time)
J. Peel, L.D.S.
Mrs. F. C. Higham, B.D.S. (part-time)
D. A. Fearn (part-time)

Dental Auxiliary:

Mrs. E. Hebdon

Orthodontic Specialist:

J. Lancashire, B.D.S., L.D.S., D.Orth., R.C.S.

Honorary Consultant Medical Officer of Health:

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

Consultants:

F. A. L. da Cunha, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., F.R.C.O.G.	<i>Obstetrician</i>
D. Hilson, M.B., B.Chir., M.A. (Cantab.), F.R.C.P.(E) F.R.C.P.(L), M.R.C.S., D.C.H.	<i>Paediatrician</i>
D. M. Joshi, M.R.C.P.,	<i>Geriatrician</i>
J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S.	<i>Aural Surgeon</i>
G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. ...	<i>Anaesthetist</i>
J. B. Garston, M.B., B.S., F.R.C.S. (Eng. & Ed.) D.O., (Eng.)	<i>Ophthalmic Surgeon</i>

Chief Chiropodist:

David Russell, M.Ch.S., S.R.Ch.

Chiropodist:

Mrs. J. Coupe, M.Ch.S., S.R.Ch.

Part-time Chiropodists:

Mrs. J. Cribb

Mrs. E. A. Bennett

Mr. J. E. Ives

Mr. V. Burns,

Mrs. B. Lord (from 1/5/72)

Orthopist:

Mrs. F. Bravey, D.B.O.

Public Analyst:

G. H. Baker, F.R.I.C.

Chief Public Health Inspector:

Dennis Eckersley

Deputy Chief Public Health Inspector:

Norman F. Harvey

Assistant Chief Public Health Inspector:

Fred Rushworth

Senior Specialist Public Health Inspectors:

A. Naylor

N. Lees

J. Edmunds

E. Elford

D. Gaskin

L. E. Larrad

G. Booth

Public Health Inspectors:

D. P. Leyden

M. Slater

G. B. Dunn

G. Barker

M. H. Dunkerley

T. Richards (from 11/12/72)

Technical Assistants:

H. Cheetham	E. Holroyd
J. Robinson	R. J. Loades
P. Higson	J. Shaw

Lay Administrative Officer:

T. P. McKniff

Ambulance Officer:

H. Down

Senior Educational Psychologist:

Mr. M. J. Dawson, B.Sc., D.E.P.(C.G.), A.B., Ps.S. (from 1/8/72)

Educational Psychologist:

Mr. J. Goy, B.A. (Dublin), B.A. (London), P.G.C.E. (London).

Superintendent Health Visitor/Superintendent School Nurse:

Miss M. M. Switzer, S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent Health Visitor/Deputy Superintendent School Nurse:

Mrs. S. Seddon, S.R.N., H.V. Cert., D.N.

Senior Health Visitor/School Nurse:

Mrs. P. T. Kennedy

Tuberculosis Visitor:

Mrs. H. D. Manuel

Geriatric Health Visitor

Mrs. N. M. Walker (part-time) (to 25/6/72)

Health Visitors/School Nurses:

Mrs. M. Hewitt	*Mrs. P. Lewis
Mrs. C. O. Onouha	Mrs. M. A. Wilson
Mrs. M. M. Kehoe	Mrs. M. C. Taylor
*Mrs. M. Pexton	Mrs. M. Street
*Mrs. H. Emmott	Mrs. J. J. Butterworth
Mrs. V. Saville	Mrs. J. Thomas
*Mrs. M. Collins	Mrs. P. H. Hirstwood
*Mrs. J. Andrew	*Mrs. M. J. Gould (from 27/11/72)
Mrs. J. Skimming	Miss J. A. Wood (from 11/9/72)
Mrs. R. Henry (from 11/9/72)	Mrs. M. Wood (from 11/9/72)
*Mrs. E. Simpson (from 23/10/72)	

* Part-time

School Nurses:

Mrs. C. D'Arcy	*Mrs. J. Wibberley
Mrs. K. E. Lees	*Mrs. H. Eglin
*Mrs. V. L. McCann	

* Part-time

School Nurse at Park Dean:

Mrs. V. Ruehorn

Public Health Nurses—Health Visiting Service:

Mrs. M. Wood, D.N. (to 10/9/72)

Miss J. A. Wood (to 10/9/72)

Miss R. Sidoli (to 10/9/72)

Mrs. R. Rodgers (from 3/4/72)

Miss C. Shaw (from 14/6/72)

Clinic Nurses:

Mrs. E. Doolan

Mrs. M. Gaskell

Non-Medical Supervisor of Midwives:

Miss D. M. Mathews, S.R.N., S.C.M., M.T.D., D.N.

Assistant Non-Medical Supervisor of Midwives:

Miss D. Coupe, S.R.N., S.C.M.

Municipal Midwives:

*Mrs. E. Riley

*Miss J. Carr

*Mrs. M. J. Sweeney

*Mrs. M. Kirwan

*Mrs. E. Lawton

*Mrs. M. Bailey

Mrs. A. J. Barrass

*Mrs. M. R. Browne

Mrs. M. Jones (to 30/6/72)

*Mrs. E. C. McMahon

*Miss J. M. Cocker

Mrs. B. Edwards

*Mrs. I. Fitton

*Mrs. R. Worswick

Mrs. E. Hanmer

Part-time Midwives:

Mrs. E. Brooksbank (to 28/10/72)

Mrs. E. Warby

*Mrs. M. W. Dunkerley (to 25.5.72)

*Mrs. M. Barrett

Approved Teaching Midwives.Superintendent of District Nursing:*

Mr. F. P. Earnshaw, S.R.N., Q.N.

District Nurses:

Mrs. D. Bridehouse

Miss D. Clarkson

Mrs. A. Dean

Mrs. I. Foley

Mrs. J. Howard (to 8/12/72)

Mrs. E. Lutener

Mrs. I. E. Mann

Mr. H. S. Seymour

Miss M. Heap

Mrs. M. A. Wood (to 30.4.72)

Mrs. M. Brett

Mrs. A. Whittaker (from 10/4/72)	Mrs. M. Travis (from 11/9/72)
Mrs. J. Giblin (from 3/1/72—	Mr. R. Peel
9/4/72)	Mr. J. Wilson
Mr. G. G. Smith	Mrs. J. Green
Mr. E. L. Taylor	Mrs. R. Byron
Mrs. O. K. Watmough	Mrs. M. Crane (from 3/7/72)
Mrs. R. M. Wood	Mrs. J. Riley (from 12/6/72)
Mrs. A. Rideough	Mrs. E. Earnshaw (from 2/10/72)
Miss F. Chicot	Mrs. M. Smith
Mrs. E. Butterworth (from 4/9/72)	

Part-time District Nurses:

Mrs. A. W. Wade (to 24/5/72)
Mrs. M. A. Wood (from 1/5/72)

Bathing Attendants:

Mrs. M. J. Edwards	Mrs. M. Hubball
Mrs. V. Graley	Mrs. J. Howard
Mrs. G. Harding	

OLDHAM CREMATORIUM

Medical Referee:

Basil Gilbert, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

Deputy Medical Referees:

John Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.
James H. Dransfield, M.A. (Oxon), L.M.S.S.A., M.R.C.G.P.
Gordon Fletcher, B.A., M.B., Ch.B., D.P.H.

SECTION I

Vital Statistics

SUMMARY OF STATISTICS

Area in Acres	6,392
Enumerated Population (census 25.4.71, provisional)	105,760
Registrar General's Estimate of Population (mid-year)	104,860
Density of Population, i.e. number of persons per acre	16.42
Number of Houses in the boroug, 31st December, 1972	39,539.

Number of houses erected in 1972:

(a) Permanent:

(i) by local authority	196	
(ii) by other bodies or persons	231	
		427
Sum represented by a penny rate (1p) (31st March, 1972)	£33,418	
Rateable Value (1st April, 1972)	£3,609,852	
Total number of persons on doctors lists at 31.12.72	108,813	
Number of Marriages	968	

VITAL STATISTICS

Mothers and Infants

Live Births

Number (males 845, females 810)	1,655
Rate per 1,000 population	15.78
Area comparability factor	1.12

Illegitimate Live Births

Number (males 101, females 102)	203
(per cent of total live births)	12.27

Stillbirths

Number (males 13, females 16)	29
Rate per 1,000 total live and stillbirths	17.22

Total Live and Stillbirths 1,684

Infant Deaths (deaths under one year) 46

Infant Mortality Rates

Total infant deaths per 1,000 total live births	27.80
Legitimate infant deaths per 1,000 legitimate live births (40)	27.55
Illegitimate infant deaths per 1,000 illegitimate live births (6)	29.56

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) (20) 12.09

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) (17) 10.27

Peri-natal Mortality Rate (Stillbirths and deaths under one week combined per 1,000 total live and stillbirths) (46) 27.32

Maternal Mortality (including abortion)

Number of deaths	—
Rate per 1,000 total live and stillbirths	—

Total Deaths

Number (males 787, females 812)	1,599
Rate per 1,000 population	15.24
Area comparability factor	0.96

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Oldham is situated in the County of Lancaster on the south-western slopes of the Pennines. Its highest point is 1,225 ft., and its lowest 350 ft. above sea level.

Textile spinning and textile engineering have declined as principal industries in the borough, but there are still substantial general engineering and building and civil engineering, vehicle building, distributive trades and clothing industry. Over a number of years numerous light industries have been established and unemployment in the area is still appreciably below the general level in the North West.

Area and Population

The area of the borough is 6,392 acres.

The seventeenth census of the population of England and Wales was taken on the 5th April, 1971, and in the report of the Registrar General the population of the County Borough of Oldham on that date is stated to have been 105,760 (51,615 males, 54,145 females).

The Registrar General's estimated mid-year population is 104,860 and it is on this figure that the vital statistics are based. This estimate of the population compares with 105,530 for the previous year.

Rateable Value

The Borough Treasurer, Mr. T. M. Groom, has kindly supplied the following information:

The penny rate product for the year ended 31st March, 1972, was £33,418 and the rateable value on the 1st April, 1972, £3,609,852.

Unemployment

I am indebted to Mr. N. A. Cranny, Manager of the Local Employment Exchange, for the following report and relevant statistics relating to employment during this year:—

“In 1972 the unemployed figures were higher than at any time in the previous five years. February was the worst month with 2,624 wholly unemployed and 823 temporarily stopped signing the register. The number of persons experiencing short-time working stayed high in the first half of the year but by December it was negligible.

There was an increasing demand for labour, both skilled and unskilled, during the last two months of the year and by the end of 1972 the employment position had shown a marked improvement”.

OLDHAM, CHADDERTON AND FAILSWORTH EMPLOYMENT EXCHANGES AND YOUTH EMPLOYMENT OFFICES

UNEMPLOYED REGISTERS DURING THE YEAR 1972

DATE MONTH ENDING	WHOLLY UNEMPLOYED				TEMPORARILY STOPPED TOTALS	PERCENTAGE OF TOTAL WORKING POPULATION
	Men aged 18 & over	Women aged 18 & over	Boys under 18	Girls under 18		
16. 1.72	2,136	280	72	46	46	4.2
13. 2.72	2,215	292	75	42	823	7.0
13. 3.72	2,200	253	74	39	249	4.4
10. 4.72	2,151	276	109	53	22	4.2
8. 5.72	2,016	205	69	25	719	4.7
12. 6.72	1,965	231	74	28	239	3.9
10. 7.72	1,967	302	78	57	211	4.1
14. 8.72	1,874	306	195	97	390	4.1
11. 9.72	1,868	280	148	92	36	3.7
9.10.72	1,789	273	99	54	120	3.8
13.11.72	1,708	250	56	21	40	3.3
11.12.72	1,780	284	36	34	16	3.5

*Births**Registered*(a) *Live Births*

3,344 live births (1,752 males and 1,592 females) were delivered in the borough during the year. After adjustment for inward 37 and outward 1,726 transferable births, the net total of live births registered is 1,655 (845 males and 810 females). The birth rate per thousand of the population is 15.78 which compares with 17.57 for the previous year and 14.8 for England and Wales.

The illegitimate live births numbered 203 (102 males and 101 females), 12.27 per cent of the total live births.

(b) *Stillbirths*

During the year 44 stillbirths were registered. After being adjusted by inward and outward transfers the number is 29. The stillbirth rate is 17.22 per thousand total live and stillbirths, which compares with 14.89 for the previous year and 12.0 for England and Wales.

Notified

The total number of births notified was 3,380 (3,336 live births and 44 stillbirths). After adjustment for inward 35 and outward 1,714 (1,685 live and 29 still) transferable births the net total births notified is 1,701.

The discrepancy between notified births and registered births is accounted for by the number of removals which occurred after the birth and before registration.

Deaths

The total number of deaths registered in the borough was 2,254. After adjustment for 115 inward and 770 outward transferable deaths, the net total is 1,599 (787 males and 812 females) 115 more than the total for 1971.

Of the 1,599 deaths 825 (51.59 per cent) occurred in one or other of the following hospitals:—

Oldham and District General Hospital	585
Oldham Royal Infirmary	150
Westhulme Hospital	6
Strinesdale Hospital	5
Dr. Kershaw's Cottage Hospital, Royton	12
Chadderton Hospital	14
Hospitals other than those in the Oldham and District Hospital Group	53

Of the total deaths 1,170 (73.16 per cent) occurred in persons aged 65 years and over.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1972

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75+	
TOTAL ALL CAUSES ...	M	787	13	14	4	5	5	8	23	60	133	272	250	
	F	812	7	12	1	4	...	5	7	34	94	230	418	
B. 1 Cholera	M	
	F	
B. 2 Typhoid Fever ...	M	
	F	
B. 3 Bacillary Dysentery and Amoebiasis ...	M	
	F	
B. 4 Enteritis and other Diarrhoeal Diseases ...	M	2	...	2	
	F	4	...	2	1	1	
B. 5 Tuberculosis— Respiratory	M	2	1	1	
	F	1	1	
B. 6 Late effects of Res- piratory Tuberculosis	M	
	F	
B. 6 Other Tuberculosis	M	1	1	
	F	
B. 7 Plague	M	
	F	
B. 8 Diphtheria	M	
	F	
B. 9 Whooping Cough ...	M	
	F	
B.10 Streptococcal Sore Throat and Scarlet Fever	M	
	F	
B.11 Meningococcal Infection	M	1	1	
	F	
B.12 Acute Poliomyelitis ...	M	
	F	
B.13 Smallpox	M	
	F	
B.14 Measles	M	
	F	
B.15 Typhus and Other Rickettsioses	M	
	F	
B.16 Malaria	M	
	F	
B.17 Syphilis and its Sequelae	M	1	1	...	
	F	
B.18 Other Infective and Parasitic Diseases ...	M	1	1	
	F	
B.19 Malignant Neoplasm, —Buccal Cavity and Pharynx	M	2	2	
	F	1	1	
B.19 Malignant Neoplasm, —Oesophagus	M	4	1	...	2	1	
	F	3	3	...	
B.19 Malignant Neoplasm —Stomach	M	21	1	6	7	7	
	F	12	1	...	2	7	2	
B.19 Malignant Neoplasm, —Intestine	M	10	3	3	4	
	F	23	3	4	6	10	
B.19 Malignant Neoplasm, —Larynx	M	
	F	1	1	
B.19 Malignant Neoplasm —Lung, Bronchus ...	M	56	1	5	23	24	3	
	F	16	7	6	3	
B.19 Malignant Neoplasm —Breast	M	
	F	25	1	2	3	11	3	5	
B.19 Malignant Neoplasm —Uterus	F	11	1	1	6	3	
B.19 Malignant Neoplasm, —Prostate	M	7	1	1	4	1	
	
B.19 Leukaemia	M	4	2	1	...	1	
	F	2	1	1	
B.19 Other Malignant Neoplasms, Etc. ...	M	18	1	1	3	3	7	3	
	F	30	1	3	7	9	10	
B.20 Benign and Unspecified Neoplasms	M	3	1	1	...	1	
	F	3	1	1	1	...	
B.21 Diabetes Mellitus ...	M	2	1	1	...	
	F	10	1	5	4	
B.22 Avitaminoses, Etc. ...	M	
	F	1	1	...	

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75+
B.46 Other Endocrine, Etc. Diseases	M	1	1
	F	5	1	2	2	
B.23 Anaemias	M	1	1	
	F	8	1	...	2	5	
B.46 Other Diseases of Blood and Blood- Forming Organs ...	M	1	1	
	F	
B.46 Mental Disorders ...	M	1	1	
	F	2	2	
B.24 Meningitis	M	1	1	
	F	
B.46 Multiple Sclerosis ...	M	
	F	1	1	
B.46 Other Diseases of Nervous System, Etc.	M	11	1	1	5	4	
	F	2	1	1	
B.25 Active Rheumatic Fever ...	M	
	F	
B.26 Chronic Rheumatic Heart Disease	M	8	3	1	4	...	
	F	17	2	2	9	4	
B.27 Hypertensive Disease .	M	7	1	...	3	3	
	F	13	1	1	6	5	
B.28 Ischaemic Heart Disease	M	205	7	18	42	81	57	
	F	178	5	16	59	98	
B.29 Other Forms of Heart Disease	M	32	1	1	7	15	8	
	F	44	2	5	6	31	
B.30 Cerebrovascular Disease	M	104	1	6	15	35	47	
	F	151	1	...	1	12	40	97	
B.46 Other Diseases of the Circulatory System ...	M	26	1	...	2	3	5	15	
	F	43	1	1	8	33	
B.31 Influenza	M	3	1	2	
	F	3	2	1	
B.32 Pneumonia	M	76	...	8	2	2	1	4	26	33	
	F	76	...	6	1	5	13	51	
B.33 Bronchitis and Emphysema	M	87	6	13	32	36	
	F	48	6	8	17	17	
B.33 Asthma	M	1	1	
	F	3	1	...	2	...	
B.46 Other Diseases of the Respiratory System .	M	4	1	...	1	2	
	F	6	...	1	1	...	1	...	3	
B.34 Peptic Ulcer	M	10	1	2	1	1	5	
	F	4	1	3	
B.35 Appendicitis	M	1	1	...	
	F	
B.36 Intestinal Obstruc- tion and Hernia	M	
	F	2	2	
B.37 Cirrhosis of Liver ...	M	2	1	...	1	...	
	F	
B.46 Other Diseases of the Digestive System ...	M	8	1	1	2	2	2	
	F	13	3	5	5	
B.38 Nephritis and Nephrosis	M	4	1	1	2	
	F	4	1	1	2	
B.39 Hyperplasia of Prostate	M	1	1	
B.46 Other Diseases, Genito-Urinary System	M	8	2	4	2	
	F	5	1	2	2	
B.40 Abortion	F	
B.41 Other Complications of Pregnancy Childbirth and Puerperium ...	F	
B.46 Diseases of Skin and Subcutaneous Tissue	M	
	F	
B.46 Diseases of Musculo- Skeletal System and Connective Tissue.....	M	1	1	
	F	3	1	2	
B.42 Congenital Anomalies	M	9	5	3	...	1	
	F	6	2	2	...	1	...	1	
B.43 Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions	M	2	2	
	F	4	4	
B.44 Other Causes of Perinatal Mortality .	M	5	5	
	F	1	1	
B.45 Symptoms—Ill- Defined Conditions ...	M	4	...	1	1	2	
	F	10	...	1	1	8	
BE.47 Motor Vehicle Accidents	M	9	1	3	2	...	1	1	1	
	F	4	2	1	1	
BE.48 All Other Accidents	M	13	1	1	3	2	2	1	2	
	F	8	1	...	1	3	3	
BE.49 Suicide and Self- Inflicted Injuries ...	M	3	1	2	...	
	F	5	1	...	1	2	1	...	
BE.50 All Other External Causes	M	3	1	...	1	...	1	
	F	

ANALYSIS OF DEATHS BY AGE GROUPS AND MONTHS OF OCCURRENCE

Months	Under 1		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		Totals		Per- sons
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
January	1	-	1	-	-	1	-	-	1	-	2	-	3	8	7	11	34	22	26	29	6	15	81	86	167
February	2	6	1	-	1	-	1	-	-	-	1	-	4	1	19	10	23	20	17	35	9	10	78	82	160
March	3	4	-	-	-	-	-	-	1	1	1	1	6	3	8	9	30	25	16	38	3	16	68	97	165
April	2	-	1	1	1	1	-	-	-	1	2	-	6	1	8	9	18	16	14	21	7	14	59	64	123
May	1	2	-	-	1	-	1	-	1	1	3	2	4	-	10	9	20	18	17	22	1	9	59	63	122
June	2	3	-	-	-	-	-	-	1	-	-	-	4	2	11	11	19	17	13	13	5	10	55	56	111
July	4	1	-	-	-	1	-	-	-	-	1	-	6	3	12	11	10	6	11	20	-	6	44	48	92
August	3	-	-	-	-	1	-	-	1	1	2	1	3	2	8	6	20	14	13	9	4	10	54	44	98
September	2	1	-	-	1	-	-	-	1	-	4	-	5	1	13	3	19	15	14	8	4	9	63	37	100
October	2	-	-	-	1	-	1	-	-	1	-	1	7	4	9	1	19	15	12	19	7	11	58	52	110
November	-	1	1	-	-	-	1	-	1	-	6	2	6	4	14	7	24	26	18	33	4	10	75	83	158
December	5	1	-	-	-	-	1	-	1	-	1	-	7	5	13	7	35	36	19	31	11	20	93	100	193
Totals	27	19	4	1	5	4	5	-	8	5	23	7	61	34	132	94	271	230	190	278	61	140	787	812	1599

COMPARATIVE STATEMENT OF VITAL STATISTICS FOR THE YEAR 1972.

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Maternal Mortality Rate (per 1,000 total live & still births)		
						Maternal causes (excluding abortion)	Due to abortion	Total maternal mortality
England & Wales	14.8	12.1	17	12	22	0.12	0.03	0.15
Birkenhead	16.9	12.9	25	12	27	—	—	—
Burnley	15.6	16.5	19.5	18.3	27.9	0.87	—	0.87
Bury	17.2	12.8	16	10	18.45	—	—	—
Halifax	15.1	15.1	23	13	22	0.71	—	0.71
Liverpool	14.5	13.6	14.8	15.4	24.9	0.23	0.12	0.35
Manchester	14.5	13.5	22.2	13.4	27	—	—	—
Oldham	15.78	15.24	27.80	17.22	27.32	—	—	—
Preston	16.2	14.2	23	17	28	—	—	—
Rochdale	16.6	13.5	23	13	28	—	—	—
Stockport	15.6	13.0	22	17	29	0.46	—	0.46
St. Helens	18.3	13.4	20.9	16.4	26.7	0.5	—	0.5
Wallasey	15.1	14.3	18	14	26	—	—	—
Wigan	17.6	13.7	20	17	30	0.69	—	0.69

Maternal Mortality

There was one death associated with pregnancy and childbirth to report.

The patient, aged 32, died in October, 1972, having been admitted to hospital 12 days previously with lower abdominal pain of one week's duration.

Post mortem examination confirmed the diagnosis of pelvic peritonitis resulting from a tubo-ovarian abscess, the immediate cause of death being congestive cardiac failure.

She was not pregnant at the time of her illness but had recently been delivered of a living infant a few weeks prior to her death. This was her seventh recorded pregnancy and laparoscopic sterilisation was performed a week after delivery. There was no evidence of infection at that time and she was perfectly well on her discharge from hospital.

Stillbirths

The number of stillbirths registered in the borough was 43 after adjustment for outward (15) and inward (1) transferable stillbirths, the net total of stillbirths is 29 of which 5 (17.24 per cent) were illegitimate. The rate per thousand live and stillbirths is 17.22 which compares with 14.89 for 1971 and 12.0 for England and Wales. Details of the 29 stillbirths are as follows:

	Born in Hospital	Born at Home
Certified by Doctor	27	1
Certified by Midwife	1	—

*Distribution of Stillbirths Registered by—Place of Birth,
Gestation Period, Sex and Weight of Foetus.*

<i>Place of Birth</i>	<i>Gestation Period in weeks</i>					
	28-30	31-33	34-36	37-39	40 and over	Total
	M F	M F	M F	M F	M F	M F
<i>Hospital</i>	2 2	3 2	2 4	4 3	1 5	12 16
<i>Home</i>	1 -	- -	- -	- -	- -	1 -
<i>Weight at Birth</i>						
1lb. and under	1 -	- -	- -	- -	- -	1 -
2lb. and over 1lb.	1 -	- -	- 1	- -	- -	1 1
2.5lb. and over 2lb. ...	1 -	- -	- -	- -	- -	1 -
3lb. and over 2.5lb. ...	- -	1 -	- -	- -	- -	1 -
4lb. and over 3lb. ...	- 1	1 1	- -	- 1	- -	1 3
5lb. and over 4lb.	- -	1 -	1 1	1 -	- -	3 1
5.5lb. and over 5lb. ...	- -	- 1	1 2	1 -	- -	2 3
6lb. and over 5.5lb. ...	- -	- -	- -	2 -	- -	2 -
7lb. and over 6lb. ...	- 1	- -	- -	- 1	- 2	- 4
8lb. and over 7lb.	- -	- -	- -	- 1	1 3	1 4
Totals	3 2	3 2	2 4	4 3	1 5	13 16

Infant Mortality

62 deaths in infants under one year were registered in the borough. After correction for inward (9) and outward (25) transferable deaths, the net total was 46 (27 males and 19 females) 6 fewer than the previous year. Of these deaths 6 (3 males, 3 females) were illegitimate children.

Table I presents an analysis of the mortality by age and cause of death and Table II is a presentation of stillbirths and infant mortality rates with differentials between early neo-natal and total infant mortality rates from 1945.

TABLE I
CAUSES OF INFANT MORTALITY WITH AGES

I. C. No.	CAUSE OF DEATH	Under 1 day	DAYS						Total under 1 week	WEEKS			Total under 1 month	MONTHS					Total under 1 year
			1	2	3	4	5	6		1	2	3		1-2	3-5	6-8	9-12		
008.0	Escherichia coli	1	1
009/2	Gastro-enteritis and colitis	3
038/9	Septicaemia unspecified	1	...	1	1
466	Acute bronchitis and bronchiolitis	1	1
485	Bronchopneumonia—unspecified	6	3	4	1	...	14
740	Anencephalus	1	1	2	2	2
741	Spina bifida with hydrocephalus	1	2
741/9	Spina bifida without mention of hydrocephalus	1	1	1	1
743	Other congenital anomalies of nervous system	1	1	1	1
746/1	Transposition of great vessels	1	...	1	2	2	2
746/9	Unspecified anomalies of heart	1	1	3
753/1	Cystic kidney disease	1	1
772	Birth injury to brain without mention of cause	2	2	2	2
776/9	Asphyxia of newborn unspecified	2	...	1	1	4	4	4
777	Immaturity, unqualified	4	...	1	5	...	1	...	6	6
795	Sudden Death	1	1	2
	Totals	11	1	3	2	17	2	1	...	20	7	10	6	3	...	46

TABLE II
STILLBIRTH AND INFANT MORTALITY RATES WITH DIFFERENTIALS
BETWEEN EARLY NEO-NATAL AND TOTAL INFANT MORTALITY RATES FROM 1945-1972

	1945-49	1950-54	1955-59	1960-64	1965-69	1970	1971	1972
Stillbirths	26.47	25.33	27.55	18.42	15.02	15.13	14.89	17.22
Peri-natal mortality	43.02	43.02	42.58	36.39	30.13	32.78	29.77	27.32
Early Neo-natal mortality	16.90	18.14	15.40	18.31	15.34	17.93	15.11	10.27
Later Infant mortality (1 week—1 year)	31.08	17.27	11.58	13.56	11.15	9.21	12.95	17.53
Total Infant mortality	47.98	35.41	26.98	31.87	26.49	27.14	28.06	27.80

SECTION II

Hospital and Specialist Services

HOSPITAL & SPECIALIST SERVICES

The Hospital and Specialist Services are provided through the Manchester Regional Hospital Board and a full Consultant Service is available through the Oldham Hospital Group.

A Domiciliary Specialist Service has been established by the Board and all practitioners are aware of the facilities available.

More highly specialised services are available within the Manchester area.

OLDHAM AND DISTRICT HOSPITAL MANAGEMENT COMMITTEE

Group 11

The following were appointed by the Manchester Regional Hospital Board as members of the Management Committee for the period ended 31st March, 1974:—

J. E. Driver, Esq., M.B.E., T.D., L.L.M.
 W. E. Critchley, Esq.
 Mrs. J. Wolstenholme,
 Councillor R. Dearden, M.A., S.E.E.
 Councillor H. Shanley.
 Mr. P. C. Steptoe, F.R.C.S., F.R.C.O.G.
 J. Bradley, Esq.
 Mr. F. B. Balson, J.P.
 E. Lees, Esq.
 Alderman Mrs. E. Rothwell, J.P.
 W. J. Ackers, Esq., J.P.
 Mr. J. N. Appleton, D.L.O., F.R.C.S.
 Dr. B. Gilbert, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.
 Dr. W. L. McNamara, D.I.H., K.S.G.
 Mrs. E. H. Hardman, S.R.N., J.P. (Resigned).

The Oldham and District Hospital Management Committee is responsible for the administration of the following hospitals:—

Oldham Royal Infirmary: This is a general hospital of 204 beds with medical, surgical, orthopaedic, ophthalmic and children's beds. The hospital provides an accident and emergency service for the area and has full out-patient facilities. There is one private bed available at this hospital.

Oldham and District General Hospital has a total bed complement of 871. There are 423 beds for medical, surgical, orthopaedic, paediatric, gynaecological, ear, nose and throat, dental and maternity patients, the latter being accommodated in a large Maternity Unit. There is also a modern Premature Baby Unit. Of the remaining 448 beds, 265 are in the Geriatric Unit, and 183 are

in the Psychiatric Unit. The Day Care Unit for geriatric patients, which is open Monday to Friday, had an average daily attendance of 52 patients during 1972. The Day Care Unit for psychiatric patients had an average of 32 patients in attendance Monday to Friday.

There are 8 private beds in the general part of the hospital and 1 for obstetric cases in the Maternity Unit. There are also 6 amenity beds in the Maternity Unit, all of which are in single wards.

Full out-patient facilities are provided. Facilities are also available for the repair of hearing aids and the issue of replacement batteries.

Strinesdale Hospital: This hospital provides accommodation for 55 patients suffering from pulmonary tuberculosis and other chest diseases.

Chadderton Hospital: This hospital, which is situated in Chadderton, provides 44 beds for male patients suffering from diseases of the chest. 21 of the 44 beds are temporarily on loan to the Geriatric Department during upgrading of a Geriatric ward.

Westhulme Hospital: This hospital has beds for 28 geriatric patients and 24 psycho-geriatric patients.

Dr. Kershaw's Cottage Hospital: A general practitioner hospital situated in Royton which provides accommodation for twenty patients.

Woodfield Maternity Home: A general practitioner maternity home with twenty beds, where the patient is under the care of her own doctor. Until December, 1971 the beds were designated as amenity beds for which a daily charge had to be levied. In December, 1971 the Department of Health agreed to the removal of the charge and accommodation is now, therefore, free.

EMERGENCY MATERNITY UNIT

An Emergency Maternity Unit (Flying Squad) operates from the Oldham and District General Hospital and is available to all general practitioners in the area."

PATHOLOGY SERVICES

The pathology work of the department is undertaken in the laboratories of the Oldham Hospital Group and by the Public Health Laboratory Service, Withington Hospital, Manchester. Specimens for serological examination are forwarded to the Central Serological Unit, Withington Hospital, Manchester, and those of Rhesus negative patients with antibodies to the Laboratories of the National Blood Transfusion Service, Roby Street, Manchester.

NURSING HOMES

In December, 1967, Ormidale Residential Home, Lees New Road, Oldham was registered as a Nursing Home. The Home has facilities to accommodate 22 patients.

*OLDHAM AND DISTRICT HEALTH SERVICES
CONTRIBUTORY ASSOCIATION*

The following information is given by courtesy of Miss D. Barton, Secretary of the Association.

The Oldham and District Health Services Contributory Association is a voluntary body which enables members to receive by means of a small weekly contribution, various benefits supplementary to the normal medical provisions under the National Health Service Acts. The rates of contribution are 1p per week for an old age pensioner (65 years and over); 2p per week for a single person and 4p per week for a married person. From October, the contributions were increased to 2p per week for a pensioner, 3p per week for a single person and 5p per week for a married person. There is no income limit for contributors. The contribution entitles the member to receive the benefits of the Scheme, but does not entitle any other person or persons dependent on the member to receive benefits. The married rate of contribution covers husband, wife and children up to school leaving age. A person under the age of 65 years may enrol as a member and the qualifying period for benefits is 12 months continued membership.

The Mobile Physiotherapy Service which has been provided for chronic and housebound patients for many years is also available to industry and consequently makes the service beneficial to members in employment.

The treatments given during the year are detailed below.

	1972
Massage	1,539
Exercises	1,447
Radiant Heat	203
Infra Red Treatment	139
Faradism	47
Short Wave Diathermy	829
Number of Patients Treated	173

Details of the benefits given:

	1972
Cash Grants	153
Optical	2,614
Dental	681
Surgical Appliances	55
Bus Fares	126
Home Helps	7
Hospital Benefits	675
Convalescence	178

Sick room equipment is available on loan and constant use is made of this service.

During the financial year 1972/73 the Health Committee made a grant of £25 to the Association for the facilities provided in connection with the loan of nursing equipment and convalescence. The offices of the Association are at 131 Union Street, Oldham.

SECTION III

Personal Health Services

*HEALTH CENTRES**(Section 21)*

Planning reached an advanced stage during the year concerning the Glodwick and Cannon Street Health Centres, and a demand also developed for the inclusion of pharmacies in both these Centres.

A survey was carried out during the year to assess patient reaction at the Marjory Lees Health Centre which opened in October, 1970. It is hoped that the results may produce some useful guidelines for improving the planning and operation of future Health Centres. (See Appendix A).

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal Clinics

Central Clinic, Cannon Street

<i>Midwives' Sessions:</i>	Monday	1-30—4 p.m.
	Friday	1-30—4 p.m.
<i>Booking Session:</i>	Wednesday	2-00—4 p.m.

A general practitioner employed on a sessional basis attends the booking session when specimens are taken for W.R., T.H.A., Haemoglobin and Rhesus Factor tests.

A Medical Officer session was held every Monday morning to take specimens for repeat haemoglobin tests usually the 32nd week of pregnancy, further specimens are taken when considered necessary. This clinic was discontinued on 18th December, 1972.

Consultant Sessions:

Thursday afternoon by appointment.

Branch Clinics:

Midwives' Sessions only:

Limeside,	
Elm Road:	Monday
Greenacres:	Monday
Honeywell Lane,	
off Ashton Road:	Thursday
Tate Street,	
Abbeyhills:	Friday
Sholver, Pearly Bank,	Thursday

No bookings are undertaken at the branch clinics.

Number of Sessions and Midwives

Number of Women in attendance	Number of sessions held by:			Total number of sessions
	Medical Officers	Midwives	Gen. Practi- tioners*	
598	48	625	46	719

*Employed on sessional basis

Health Education and Mothercraft

Expectant mothers receive instruction on health education and mothercraft at all the clinics. The use and effects of inhalational analgesics are fully explained and apparatus is available for demonstration purposes. Lectures on the importance of ante-natal and post-natal care, arranged by the Supervisor of Midwives, are given by the senior sisters.

Relaxation Classes

Classes are held weekly on Tuesday afternoon and Wednesday evening at the Central Clinic with a fully qualified physiotherapist in attendance. The total number of women who attended during the year was 134 and 817 attendances were made.

Maternity Outfits

Maternity outfits, sterilised and packed ready for use, are available free for domiciliary confinements. They are issued at each clinic.

Dental Inspection and Treatment

The Principal School Dental Officer, Mr. Fenton, is responsible for the organisation of the service. He is also Visiting Dental Officer to the Oldham and District General Hospital where he attends three sessions per week and is able to treat mothers and young children who require dental treatment under hospital conditions.

Dr. G. Mason-Walshaw, Consultant Anaesthetist to the School Health Service is also engaged in a consultant capacity in this service.

The services of Mr. W. C. Mellor, F.D.S., R.C.S., Consultant Dental Surgeon to the Oldham Hospital Group are available if required.

A dental technician is employed to assist in the construction of dentures.

I am indebted to Mr. Fenton for the following report:—

The School Dental Service has again provided the dental service for expectant and nursing mothers and pre-school children.

Pre-school Children

154 children were examined and this shows a decrease from the previous year (258). The number of visits made for treatment have remained approximately the same and hence the amount of treatment per child has increased. The services of the dental auxiliary have been of considerable value when conservative treatment has been carried out. Many of these children are brought to the clinic complaining of toothache which usually necessitates extraction of teeth. Infants of a very young age attend Oldham & District General Hospital for dental extractions under general anaesthetic. 274 teeth were extracted and this shows a decrease from the previous year (341).

Dental inspections for school entrants has shown an apparent increase in the number of children with naturally sound teeth. However, the number of children examined does not justify forming the conclusion that there is a significant reduction in the amount of dental decay in this age group. Further investigations will be made but unfortunately with the present staffing situation it is not possible to invite all the young children attending the Child Welfare Clinics to attend for dental inspections.

Expectant and Nursing Mothers

These patients are usually referred from the ante-natal clinics of the Oldham Authority. The number of patients examined, 130, shows a decrease from the previous year, 153. Details of the dental treatment provided are given below:—

	Expectant and Nursing Mothers	Children under 5 years
(a) Provided with Dental Care:		
First Examinations	130	154
Total Number of Visits	342	205
(b) Dental Treatment Provided:		
Extractions ..	243	274
General anaesthetics	32	147
Fillings	170	42
Scalings or scaling and gum treatment	28	11
Patients X-rayed	19	6
No. of courses completed	72	141
Dentures provided	25	—

Dental Health Survey

The 3 year study being undertaken by the School Dental Service in conjunction with the Manchester University Dental Health Unit has continued. A comprehensive report on the progress of this study has been included in the School Health Service section of this report.

Congenital Malformations

The scheme for notifying congenital malformations apparent at birth continues. Any such malformation is recorded by the Doctor or Midwife on the birth notification which is forwarded to the Medical Officer of Health. A return is made to the General Registrar's Office in respect of every child in the borough (identified only by a number) for whom information has been received of a malformation or malformations present at birth.

During the year 33 malformations were notified in respect of 29 live births, and 4 stillbirths.

CONGENITAL MALFORMATIONS NOTIFIED

Condition	Live		Stillborn		Total
	M	F	M	F	
Central Nervous System	6	4	1	3	14
Eye and Ear	—	—	—	—	—
Alimentary System	3	—	—	—	3
Heart and Circulatory System	1	1	—	—	2
Respiratory System	—	—	—	—	—
Uro-genital System	4	—	—	—	4
Limbs	6	1	—	—	7
Other Skeletal Systems ..	1	—	—	—	1
Other Systems	—	1	—	—	1
Other Malformations ...	—	1	—	—	1
Totals	21	8	1	3	33

Children "at risk"

It has been the practice in this borough for all children suffering from some degree of handicap at birth, to be informally notified to the Medical Officer of Health, and the child's name placed on the register. The child is then kept under periodic review, the frequency of visiting and examination depending on the severity of the handicap, and the type of care being received from other agencies. When the child reaches the age of two years his case notes are passed on to the School Health Service so that arrangements can be made for future Educational training. Should the child be suffering from a handicap which is curable, his name is removed from the register once the disability is corrected. The number of children on the register at the end of the year was 45.

The department continued to use the Scriver Test method for phenylketonuria detection, and although a number of tests were found to be suspicious, on retest none was found to be abnormal.

The test for congenital dislocation of the hip brought no cases to light during the year.

Care of Premature Infants

All infants weighing 5½lbs. or less at birth are regarded as premature irrespective of the period of gestation.

Premature infants born on the district, where the home conditions are unsatisfactory, are removed to hospital by ambulance in a special cot and are accompanied by the midwife. In other cases arrangements are made by the Supervisor of Midwives for the home nursing of these infants. A premature baby is attended by the midwife until it weighs 6lbs. or the mother is able to care for the infant herself without supervision.

Premature Births

Notified during the year relating to Oldham Residents

<i>Place of Birth</i>	<i>Live Births</i>	<i>Stillbirths</i>
Hospital	140	15
Home	19	2

ATTENDANCES

Centre	No. of children who first attended during the year and who at their first attendance were under 1 year of age	No. of children who attended and who were born in:			Total No. of children who attended	No. of attendances made by children who at the date of attendance were:		
		1972	1971	70/67		Under 1 yr.	1-2 yrs.	2-5 yrs.
Marjory Lees	171	154	151	100	405	2,042	418	153
Beulah	103	87	97	89	273	1,430	464	183
Derker	130	120	99	115	334	1,505	255	136
Werneth	127	103	147	132	382	1,558	406	253
Greenacres ...	45	39	44	59	142	549	150	202
Honeywell Lane ...	227	194	227	165	586	3,070	482	221
Limeside	106	96	90	97	283	1,426	280	102
Tate St.	226	184	187	198	569	2,063	495	349
Central	233	186	161	148	495	1,726	333	222
St. Barnabas	65	54	83	42	179	942	171	95
Holts	67	60	65	84	209	834	283	208
Sholver	205	179	182	110	471	2,145	365	152
Totals	1,705	1,456	1,533	1,339	4,328	19,291	4,102	2,276

Child Welfare Centres

The Central Child Welfare Centre is at Cannon Street. A total of twelve branch centres, two of which are accommodated in Church premises and 1 in a three-bedroomed maisonette rented from the Housing Department. A doctor is in attendance at 14 of the 17 sessions held per week.

At the end of the year the following sessions were held each week:—

Centre	Day	Time
Central, Cannon Street	Wednesday	9.30 a.m.
	Friday	2.00 p.m.
Werneth, Werneth Park, Manchester Road	Monday	2.00 p.m.
	Wednesday	2.00 p.m.
	No Doctor	
Tate Street, off Abbeyhills Road	Monday	2.00 p.m.
	Wednesday	2.00 p.m.
Honeywell Lane, off Ashton Road	Tuesday	2.00 p.m.
	Thursday	2.00 p.m.
Derker, Prince Charlie Street	Monday	2.00 p.m.
	Wednesday	2.00 p.m.
St. Barnabas, Arundel Street	Tuesday	2.00 p.m.
Holts, Browndedge Road	Thursday	2.00 p.m.
Greenacres, Greenacres Road	Thursday	2.00 p.m.
Beulah, Withins Road	Tuesday	2.00 p.m.
Limeside, Elm Road, Hollins	Thursday	2.00 p.m.

Marjory Lees Health Centre,
Egerton Street

Tuesday 2.00 p.m.
Friday 9.45 a.m.

No Doctor

Sholver, Pearly Bank

Tuesday 9.45 a.m.

No Doctor

Friday 2.00 p.m.

National dried milk and vitamins issued by the Ministry of Health, together with certain proprietary brands of infant foods were available at all centres.

By arrangement with the Principal of Women's Institute which is under the control of the Education Committee, a sewing teacher attends the centres on alternate weeks to advise mothers on the cutting out and sewing of children's clothing. Members of the W.R.V.S. attend the centres to make tea for the mothers which is appreciated.

Clinic assistants are employed at the centres on the sale of foods, keeping of records and other non-professional duties.

Family Planning

The Family Planning Association continued to use Central and Tate Street Clinic and at the end of 1972 started to use the Marjory Lees Health Centre for two sessions per week.

During the year claims for fees and treatment or supplies in respect of 45 socio-economic cases were received. No claims for medical cases were received.

Welfare Foods

Central Storage and Distribution Centre—Cannon Street.

This centre is open from 8-40 a.m. to 12-45 p.m. and 1-30 p.m. to 5-00 p.m. Monday to Friday. The Child Welfare Centres are used as distribution points. At the end of the year, one full-time clerk, and seven part-time assistants were employed in this service.

Vitamin A, & D tablets and children's vitamin drops are supplied under the Welfare Foods Scheme, and a charge is made. Orange Juice was supplied until June 30th when it was withdrawn and substituted with vitamin A, D, & C tablets. The quantities supplied during the year are given in the following table:—

Quarter Ended	Bottles Orange Juice	Bottles Children's Vitamin Drops	Packets Vitamin Tablets A & D	Packets Vitamin Tablets A, D & C
March 31st	4,439	875	228	—
June 30th	2,802	862	160	—
September 30th	—	1,261	—	254
December 31st	—	1,241	—	381
Totals ...	7,241	4,239	388	798

Co-operation with Voluntary Organisations

The following contributions were made to the voluntary organisations named during the financial year 1971/72:—

	£.	p.
Royal Society for the Prevention of Accidents	6.50	
Health Education Council	206.00	
Oldham and District Family Planning Association	400.00	

MIDWIVES SERVICE

(Section 23)

On the 1st January, the staff employed was:—

- 1 Non-Medical Supervisor of Midwives
- 1 Assistant Non-Medical Supervisor of Midwives
- 13 District Midwives (Approved Teachers)
- 4 District Midwives
- 2 District Midwives (approved teachers — part-time)
- 1 Midwife (part-time)
- 1 Pupil Midwife

During the year 1 full-time Midwife left the service and the position was not filled.

On 31st December, the staff employed was:—

- 1 Non-Medical Supervisor of Midwives
- 1 Assistant Non-Medical Supervisor of Midwives
- 15 District Midwives (Approved Teachers)
- 1 District Midwife
- 2 District Midwives (approved teachers — part-time)
- 1 District Midwife (part-time)
- 1 Midwife (part-time)
- 3 Pupil Midwives

One part-time midwife (who undertook no deliveries and accepted no bookings) was engaged on clinic duties, hospital discharges, and other special visits.

Night Duty Service and Radio Telephone System

From the 1st April, 1969 all calls for the Midwives Service between 5 p.m. and 8 a.m. (Monday to Friday) and 1 p.m. to 8 a.m. (Saturday and Sunday) have been transferred to the Ambulance Depot from where cases are allocated to the midwives on duty. During these periods the radio transmitter/receiver is also switched over to the Ambulance Depot.

Attendance after Confinement

Domiciliary Cases

The midwife makes a morning and evening visit for the first 4 days after the confinement and then visits daily from the 4th to the 10th day (inclusive) and on the 12th and 14th day. She visits twice in the 3rd week after confinement and more often if necessary. The last visit is usually made on the 21st day.

Hospital Discharges

If the mother and baby are discharged before the 10th day, the midwife visits daily up to and including the 10th day. If discharged on the 10th day, the midwife visits on the day following and on the 14th and 15th day. The last visit is usually made on the 21st day.

The Supervisor is advised by telephone on the day prior to discharge of the mother and baby and confirmatory discharge note stating the condition of mother and baby is subsequently forwarded for the information of the district midwife who will take over the case.

Phenylketonuria Tests

In 1970 this Authority adopted the Scriver Test method for detection of Phenylketonuria and is carried out by the midwife on the 10th day after birth. The result of the test is recorded on the infant record card which is then passed to the Health Visiting Service.

Hip Tests for Congenital Dislocation

The first Barlow's hip test is carried out by the midwife at birth. The result of the test is recorded on the infant record card.

Part II Training School

The Oldham District Midwifery School was approved by the Central Midwives' Board as a Part II Training School in August, 1948, since then 336 have been accepted; 297 have been successful in the Part II Examination of the Central Midwives' Board. Many of these pupils have subsequently been appointed as municipal midwives and stayed with the authority for varying periods.

During the current year 16 pupils commenced training and 16 completed. Oldham & District General Hospital continued to provide second period training in conjunction with the Oldham District Midwifery Service, and all the pupils accepted during the year were from Oldham & District General Hospital.

Transport

Since 1955, the midwives have been included in the Motor Car Allowance Scheme of the Corporation as "essential car users" and are eligible to receive financial assistance under the Scheme of Assisted Purchase of Motor Cars, which is applicable to certain users only.

At the end of the year 17 midwives were using their own cars.

Midwives who do not provide their own cars use public service vehicles. Transport is provided through the Ambulance Service from 5-30 p.m. to 8-30 a.m. at weekends and public holidays; during the daytime for urgent calls to confinements; for midwives attending cases out of their own district and in emergency.

Housing Accommodation

At the end of the year, 4 midwives were occupying accommodation provided by the Housing Department. The midwives are charged the full rent fixed by the Housing Committee.

Approved Courses of Instruction

The following Courses of Instruction were attended during the year:

- Kingston-upon-Hull — 17th-22nd April (1 Midwife).
- Kingston-upon-Hull — 11th-18th September (1 Midwife).
- Nottingham — 6th-12th August (1 Midwife).
- Liverpool — 9th-15th April (1 Midwife).

In addition the Non-Medical Supervisor and a Midwife attended a Middle-Management Course at the William Rathbone College in Liverpool. The course was of one month's duration. Miss Coupe attended 14th February - 10th March and Mrs. Sweeney from 10th April until 5th May.

Administration of Inhalational Analgesic

There were 30 Trilene Machines in use. Of the 247 cases delivered, trilene was administered to 219 patients. The remaining 28 did not receive inhalational analgesic for the following reasons:—

Patient refused	9
Medical reasons	3
B.B.A. or delay in summoning midwife	13
Doctor booked, not booked for gas and air	1
Emergency cases (unbooked cases)	2

Cases in which trilene and Pethidine were administered by midwives in domiciliary practice

	Inhalational Analgesics		Pethidine	
	When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child	When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
Domiciliary Midwives employed by the Local Health Authority	11	207	7	179

Deliveries attended by Midwives

	Domiciliary Cases				Total	Cases in Institutions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by local health authority	—	13	15	219	247	—
Midwives employed by Oldham and District Hospital Management Committee at:—						
(a) Oldham and District General Hospital	2,531
(b) Woodfield Maternity Home	545
Totals	—	13	15	219	247	3,076

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institution and before the tenth day:—

Oldham and District General Hospital

1067

Woodfield Maternity Home

112

Summary of work undertaken by Municipal Midwives

Confinements:

Cases Booked	293
Confinements attended	247
Cases receiving inhalational analgesic	219

Visits:

Ante-natal	2,362
During lying-in period :	
up to tenth day	3,343
After tenth day	1,086
Hospital discharges	11,682

Premature babies:

(i) Domiciliary births	13
(ii) Hospital Discharges	124

There was one birth not attended by a doctor or midwife. The mother delivered herself and the midwife was not called for 3 days.

There were 1,419 visits paid to patients referred by Oldham & District General Hospital and Woodfield Maternity Home for investigations into the suitability of the home conditions for early discharge.

MIDWIVES' ACT, 1951

During the year 83 midwives notified their intention to practice compared with 79 in 1971. At the end of the year the following midwives were practising in the area of the borough:—

In Domiciliary Practice:

(a) Employed by Local Health Authority	21*
--	-----

Employed in Institutions:

(b) Oldham and District General Hospital	36
(c) Woodfield Maternity Home	9

* Includes Supervisor of Midwives.

Medical Aid under Section 14 (1) of the Midwives Act, 1951

There were no medical aid forms sent in by domiciliary midwives during the year.

Emergency Maternity Unit

The Emergency Maternity Unit which operates from the Oldham and District General Hospital was called out to 7 domiciliary cases attended by municipal midwives for the following emergencies:—

Retained placenta	3
Post-partum haemorrhage following miscarriage	1
Breech presentation with extended legs	1
Post-partum haemorrhage	1
Breech presentation nearing full dilation	1

HEALTH VISITING SERVICE

(Section 24)

There is complete co-operation with the School Health Service; all health visitors are appointed school nurses and the Superintendent Health Visitor is also the Superintendent School Nurse.

On the 1st January the staff employed was:—

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 1 Senior Health Visitor
- 1 Geriatric Health Visitor
- 1 Tuberculosis Visitor
- 11 Health Visitors
- 5 Part-Time Health Visitors
- 1 Public Health Nurse

During the year three health visitors were appointed on completing the course. Two student health visitors commenced on the course at Manchester Polytechnic in September.

On the 31st December, 1972 the staff employed was:—

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 1 Senior Health Visitor
- 1 Tuberculosis Visitor
- 15 Health Visitors
- 6 Part-Time Health Visitors
- 1 Public Health Nurse

Refresher Courses and Conferences

One Health Visitor and One School Nurse attended a one-day Refresher Course intended for staff engaged in Health Education Work.

Two Health Visitors attended a Refresher Course at the College, Ripon from 10th April until 21st April.

In June two Health Visitors attended a course at Manchester Polytechnic intended for Health Visitors responsible for the Student Health Visitor's Supervised Practice.

In November, 1972 two Health Visitors commenced a Field Workers Instructors Course which will run until May, 1973.

Transport

The Health Visitors are included in the Motor Car Allowance Scheme of the Corporation as casual users. At the end of the year the Superintendent Health Visitor and 19 health visitors were using their own cars.

Visits by Health Visitors

Number of children under 5 years of age visited during year	H E A L T H V I S I T O R S				Tuber- culosis Visitor
	Expectant Mothers	Children born in		Tuber- culous House- holds*	Other Cases
		1972	1969/71		
16,163	167	5,255	14,395	7	8,267

* Visits by Health Visitor other than Tuberculosis Visitor

The 8,267 visits to other cases comprise:—

Stillbirths	3
Handicapped children: Physically	462
Mentally sub-normal	118
Infant mortality	3
Cases of infectious diseases:	
Whooping Cough	8
Measles	346
Dysentery	61
Ophthalmia Neonatorum	—
Smallpox	—
Poliomyelitis	—
Other infectious diseases	29
Visits to immigrant families	1,424
Immunisation and Vaccination	20
Nurseries	7
Daily Minders	11
Problem Families	654
Socio-Medicals	117
Persons aged between 5—16 (except seen as School Health)	1,887
Persons aged 17—64	477
Persons aged 65 and over	1,523
Visits to General Practitioners	240
Special Visits	93
Other Visits	784

The total number of visits made, 49,019 includes 4,206 which were ineffective.

Attendances made by health visitors at child welfare clinics, etc.:—

Playgroups	—
Infant Welfare Centres	1,567
Day Nurseries	33
Chest Clinic	1
Immunisation and Vaccination clinics	102
Cytology clinics	112
Audiology clinics	213
Geriatric Unit	1
Schools and School clinics	2,255
Hearing Tests (screening)	106

Phenylketonuria Tests

Routine screening tests of infants for the detection of phenylketonuria commenced in 1960. The Phenistix method was used until October, 1970, when the Scliver test was introduced.

Hip Tests for Congenital Dislocation

The first Barlow's hip test is carried out by the midwife at birth, and a second test is carried out by the health visitor on her first visit.

Audiological Service

All health visitors are trained to carry out screening tests of hearing for infants and young children. Special sessions are held at the Central Child Welfare Centre, and Sholver Child Welfare Centre. Newly appointed health visitors receive this training as a routine procedure. Details of this service are given on this page.

AUDIOLOGICAL SERVICE

Screening Tests of Hearing

During the year regular screening tests of hearing for infants and young children were carried out by health visitors at the Central Clinic, and Sholver Child Welfare Centre. These tests are carried out when the infant is approximately 7 to 12 months old, and the parents of all babies born 'at risk' are especially encouraged to attend these screening sessions.

Audiology Clinic

During the year 111 pre-school children were referred for assessment in addition to there being 37 children for review from the previous year. Unfortunately the attendance rate for appointments is poor, only 50 per cent. attending when invited. Follow-up appointments are made and where parents encounter great difficulty in attending some help may be given by the department.

Parent Guidance

Some parent guidance has been undertaken during the year. Members of the teaching staff from the Park Dean Special School hold sessions after school hours at the Central Clinic for parents of pre-school children with hearing and associated defects. Sometimes home visits are made especially where the children are very young. Guidance is aimed to assist the parents as follows:

1. The use of vision in association with hearing.
2. The use of all types of hearing aids.
3. The control of parents' voices and speech.
4. The encouragement of the child's use of voice and beginnings of speech.
5. The development of social habits in a child.

HOME NURSING SERVICE

(Section 25)

The Central Office is accommodated in the Department of Public Health.

No night service is provided but evening visits are made to patients where necessary. The district nurses are on rota for evening and week-end duties and requests by general practitioners can be made through the Ambulance Depot (Tel.: 624 2433) to the nurse on call. Telephones are installed in the homes of all district nurses.

Patients discharged from hospital requiring nursing care are notified to the Superintendent by ward sisters or charge nurses. This arrangement affords the closest co-operation between the service and the hospitals. There is also good liaison with general practitioners. Doctors requesting the service of a district nurse give instructions for treatment by telephone to the Superintendent.

Staff employed at the beginning and at the end of the year was as follows:

	1st January	31st December
Queen's Superintendent	1	1
District Trained Nurses: Female	12	19
Male	5	5
State Registered Nurses: Female	5	4
Male	—	—
Part-time	1	1
State Enrolled Nurses: Male	—	—
Bathing Attendants	5	5

Bathing Attendants undertake bathing and give other personal attention to the patients. They are supplementary to the nursing staff and are employed only on selected cases.

Transport

All district nurses are included in the Motor Car Allowance Scheme of the Corporation which makes them eligible to receive loans for the purchase of cars. At the end of the year twenty-nine nurses were using their own cars for official duties.

Queen's Institute of District Nursing

The local health authority is in membership with the Queen's Institute of District Nursing.

Consequent upon the revised constitution of the Area Federation of the Institute, each authority in membership with the Institute is entitled to appoint three representatives for service with the Area Federation. These representatives might be a member of the Health Committee, the Medical Officer of Health (or his representative) and the Superintendent Nursing Officer. The Chairman of the Sub-Committee, the Medical Officer of Health and Superintendent of District Nursing were appointed to represent this authority.

I am indebted to Mr. F. P. Earnshaw, Superintendent District Nurse, for the following remarks:—

“In April, 1972, some members of the Nursing Staff were incorporated in general practitioner teams. This encouraged better understanding and co-operation between everyone concerned, with the end result of a much improved service for the patients. Further increases in the visits made during the year are encouraging, and a very close liaison with the various units at the Hospital is being maintained by Mrs. Brock, Hospital Liaison Officer, looking after all the information regarding new patients and passing this on to the Home Nursing Service. This is a joint venture between Lancashire County Council Division 14, Oldham County Borough and the hospitals. The Nursing Staff are being called in more to case conferences before the patient's discharge and attempts are made to solve many problems so that the patient's discharge home will run very smoothly.

I should like to express my appreciation for all the co-operation given by members of your staff in the Department and Senior Officers of other services with whom I have been in contact.

I should finally like to thank Mrs. Mann who did a very efficient job of running the service during my long absence through sickness.”

Work Undertaken

TABLE I

Summary of work undertaken with comparative figures for the previous year:

	1972	1971
New Cases	4,187	3,420
Cases Nursed	5,388	4,338
Cases on books at 31st December, 1972 ...	1,329	1,202
Number of injections	27,219	25,214
Visits by Bathing Attendants	10,311 (714)	10,058 (824)

The figures in parenthesis relate to bathings at the Nuffield Villa where residential accommodation is provided for the mentally handicapped.

Tables II, III, IV and V present analyses of cases nursed by—age, sex and months of occurrence, types of cases and visits made.

TABLE II

Cases Nursed

	Children		Others		Total No. of Cases
	0-5	5-15	Male	Female	
Cases on books at 1st Jan.	20	24	310	848	1,202
New cases	221	562	1,544	1,860	4,187
Total cases nursed during the year	241	586	1,854	2,708	5,389
Cases on books at 31st December	27	64	410	828	1,329

TABLE III

Cases Nursed and Visits made during each month of the year

Month	Children		Others		Total Cases	Visits by District Nurses
	0-5	5-15	Male	Female		
January	17	57	400	955	1429	6982
February	20	66	411	977	1474	7119
March	22	72	419	992	1505	7338
April	30	87	400	963	1480	6604
May	39	98	448	988	1573	7443
June	32	101	446	947	1526	7279
July	32	120	453	911	1516	6935
August	40	101	440	860	1441	7182
September	38	85	430	827	1380	6886
October	36	107	497	900	1540	7643
November	43	104	496	946	1589	7771
December	38	98	534	946	1616	7379

TABLE IV

New Cases Accepted during each month of the year

Age Groups	0-1		1-5		5-15		15-40		40-60		60-65		65+		Total		
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Persons
Jan.	1	—	3	2	10	12	30	32	25	29	4	4	32	53	105	132	237
Feb.	2	—	5	2	15	15	36	32	29	26	7	6	35	54	129	135	264
Mar.	2	—	6	2	18	15	32	21	24	48	9	16	37	46	128	112	270
April	3	1	11	4	26	17	35	24	16	21	9	10	26	48	126	125	251
May	1	1	11	9	28	28	52	47	32	52	18	18	39	74	181	229	410
June	2	2	7	4	35	20	31	37	42	44	10	10	36	67	163	184	347
July	2	1	11	7	48	25	57	49	29	38	15	15	39	57	201	192	393
Aug.	4	—	20	10	32	25	48	33	43	39	11	19	35	68	193	184	387
Sept.	2	1	11	9	28	16	38	38	28	40	7	14	45	59	159	177	336
Oct.	1	1	11	7	43	20	68	51	42	51	8	15	47	76	220	221	441
Nov.	2	3	13	8	34	19	50	43	51	51	16	22	54	95	220	241	461
Dec.	1	—	3	11	22	12	54	42	42	35	20	12	63	72	205	184	389
Totals	23	10	112	75	339	224	531	449	403	468	134	161	488	769	2030	2156	4187

TABLE V

Types of Cases Nursed and Visits made to these Cases with Comparative Figures for 1971

	Cases Nursed		Visits Made	
	1972	1971	1972	1971
Medical	1,933	2,208	63,138	60,918
Surgical	2,125	2,006	22,538	20,511
Infectious Diseases ...	—	—	—	—
Tuberculosis	4	6	344	385
Maternal Complications	4	10	24	37
Others	121	108	517	475
Totals	4,187	4,338	86,561	82,326

VACCINATION AND IMMUNISATION

(Section 26)

DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIOMYELITIS

Schedule

Primary Course

Age Group	Material	Dosage
Under 5 years (commencing at four months)	Diphtheria-Tetanus-Pertussis Prophylactic (Triple Antigen) Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of six weeks between the first and second, six months between the second and third. Three doses given simultaneously with the injections of Triple Antigen.
5 years and over	Diphtheria-Tetanus Prophylactic Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of six weeks between the first and second, six months between the second and third. Three doses given simultaneously with the injections of Diphtheria and Tetanus.
14-19 years	Tetanus Toxoid Prophylactic Oral Poliomyelitis Vaccine	Three injections of $\frac{1}{2}$ cc. at intervals of six weeks between the first and second, six months between the second and third. Three doses given simultaneously with the injections of Tetanus Toxoid.

*Reinforcing Doses**(a) DIPHTHERIA, AND TETANUS*

Age Group	Material	Dosage
At 5 years of age or school entry.	Diphtheria-Tetanus Prophylactic	$\frac{1}{2}$ cc.
At 14-19 years of age or on leaving school.	Tetanus Toxoid Prophylactic	$\frac{1}{2}$ cc.

(b) POLIOMYELITIS

All children and young persons aged 5 to 16 years are offered a reinforcing dose of oral vaccine.

Prophylactic material is supplied to general practitioners free of charge on application to this department.

Immunisation of pre-school children is carried out at the child welfare centres, day nurseries, and at nursery schools and classes.

The immunisation state of each child is reviewed prior to school entrance medical examination. At the examination, parents are asked to consent to reinforcing immunisation, or, where no previous primary immunisation is recorded, a course of primary immunisation. This procedure is repeated during the child's fourteenth year. Both primary and reinforcing immunisations are carried out at the school.

Table I is a summary of the figures shown in Tables II — V which detail the number of children (a) completing primary courses and (b) receiving reinforcing injections.

Diphtheria, Whooping Cough and Tetanus

TABLE I

Summary of children completing immunisation and receiving reinforcing injections.

Primary Immunisation

	Diphtheria	Whooping Cough	Tetanus
Pre-School Children.....	1,117	1,109	1,122
School Children.....	175	33	382
Totals	1,292	1,142	1,504
Reinforcing Injections	Diphtheria	Whooping Cough	Tetanus
Pre-School Children.....	4	4	5
School Children.....	1,252	31	1,758
Totals	1,256	35	1,763

TABLE II

(a) Diphtheria, Whooping Cough and Tetanus

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total Under 15 years	Pre-School Children	School Children	Total Under 15 years
Local Health Authority	1,036	5	1,041	—	9	9
General Practitioners	93	8	101	9	17	26
Totals	1,129	13	1,142	9	26	35

TABLE III

Diphtheria and Tetanus

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total	Pre-School Children	School Children	Total
Local Health Authority	10	132	142	175	1,030	1,205
General Practitioners	4	2	6	—	5	5
Totals	14	134	148	175	1,035	1,210

TABLE IV

Diphtheria

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total	Pre-School Children	School Children	Total
Local Health Authority	—	2	2	—	10	10
General Practitioners	—	—	—	—	1	1
Totals	—	2	2	—	11	11

TABLE V

Tetanus

	Primary Immunisation			Reinforcing Injections		
	Pre-School Children	School Children	Total	Pre-School Children	School Children	Total
Local Health Authority	7	206	213	2	513	515
General Practitioners	—	3	3	—	10	10
Totals	7	209	216	2	523	525

Active Immunisation against Tetanus for Patients Attending Hospital Casualty Units Following Accidents:

The following scheme formulated at the end of 1963, after consultation with the hospital authority and general practitioners, whereby patients attending the Casualty Department of the Oldham Royal Infirmary following an accident would receive active immunisation against tetanus, became operative in March, 1964. The scheme is outlined below.

1. Children and Young Persons

(a) Immunisation against tetanus has been in practice in the borough since the 1st January, 1957. Therefore, a large proportion of young persons have already received this protection. Those within this category who become involved in an accident and who would hitherto have been given A.T.S. are now given reinforcing doses of tetanus toxoid (adsorbed) only.

(b) Those who have not, prior to the accident, been actively protected against tetanus receive one injection of 1,500 units of A.T.S. intramuscularly in one arm, and one injection of tetanus toxoid (adsorbed) intramuscularly in the other.

Further appointments are made by the local authority in whose area a child lives.

2. Adults

(a) Adults known to have received active immunisation against tetanus are given a reinforcing dose of tetanus toxoid (adsorbed).

(b) If not previously protected, arrangements are made for second and third injections.

From August, 1964, appointments were given to adults to receive the second injection of tetanus toxoid at the Out-Patient's Department of the Oldham Royal Infirmary. A special clinic was set up on the first and third Wednesday of each month from 6 p.m. to 7 p.m.

Patients attending the casualty unit following accidents came from Oldham and nearby areas and the Divisional Medical Officer for Division 14, Lancashire County Council provides medical, nursing and clerical staff at alternate sessions. All patients have a third (reinforcing) injection 6 to 12 months later—adults at the Infirmary and children at the Central Clinic. This protection can be given by the patient's general practitioner if desired.

The number of persons of all ages, for whom records are available, who received the first two injections of tetanus toxoid under this scheme are as follows:

No. of Oldham C.B. residents	435
No. of people from adjacent areas	430
	<hr/>
Total	865
	<hr/>

No. of Oldham C.B. residents	260
No. of people from adjacent areas	327
Total	587

POLIOMYELITIS VACCINATION

Poliomyelitis vaccination is available through the local health authority to all persons who have not, at the time of their application reached the age of 40 years and to certain priority classes.

All expectant mothers are offered this protection. Those who consent are given a certificate from the medical officer stating the week of pregnancy and advising vaccination between the 20th and the 35th week. Protection can be undertaken by a medical officer of the department by appointment or by the expectant mother's own general practitioner if desired.

Oral poliomyelitis vaccine is used exclusively in the department. The full course consists of three doses given at intervals of six weeks between the first and second dose and six months between the second and third. A reinforcing dose is offered to all school children.

TABLE I

(a) Primary Course of Three Doses Oral Vaccine

	Age in Years					
	0-4	5-16	17-26	27-40	Over 40	Total
Local Health Authority	979	186	40	8	—	1,213
General Practitioners	72	4	2	—	—	78
Totals ...	1,051	190	42	8	—	1,291

(b) Reinforcing Dose

	Age in Years					
	0-4	5-16	17-26	27-40	Over 40	Total
Local Health Authority	182	1,465	150	6	8	1,811
General Practitioners	7	22	14	9	—	52
Totals ...	189	1,487	164	15	8	1,863

MEASLES VACCINATION

Measles vaccination is available for all children between the ages of one and fifteen years who have not suffered a natural attack of measles. Routine vaccination is given in the second year of life at child welfare centres or at school entry age at the school where possible. The following table shows the number of children who have received this vaccination.

	Pre-School Children	School Children	Total under 15 years
Local Health Authority ...	626	141	767
General Practitioners	42	3	45
Totals ...	668	144	812

RUBELLA VACCINATION

Vaccination against rubella commenced in September, 1970, being offered to 13 year old girls. 752 were vaccinated during the year under review.

VACCINATION AGAINST SMALLPOX

Routine vaccination against smallpox in infancy has been discontinued. Travellers going abroad are vaccinated by their own doctors.

Prophylaxis for Persons Travelling Abroad

Persons going abroad generally require smallpox vaccinations and are advised to be inoculated against typhoid and paratyphoid fevers, and if they are going to those countries where cholera and yellow fever are endemic to be vaccinated against those diseases also. In some cases vaccination against poliomyelitis may be advised.

Protection against any disease other than yellow fever can be carried out usually by a person's own doctor. It is available without charge under the National Health Service, but the doctor is entitled to charge a fee for signing an International Certificate.

Yellow fever vaccination must, for international and technical reasons be carried out only at a Centre designated by the Government.

No centre has been established in Oldham for yellow fever vaccination. Persons desiring vaccination should apply to the Health Department, Basement Clinic, Town Hall, Extension Building, Manchester. Telephone No. 061-236 3377 (Extension 2528).

AMBULANCE SERVICE

Area Served

The service covers the County Borough and certain adjacent areas in accordance with the following arrangements.

West Riding County Council

By agreement the service accepts and removes all accidents, emergency and other cases in the Saddleworth area with the exception of the occasional case occurring in the area remote from Oldham and proximate to Huddersfield, which is usually removed by the County Ambulance service base at Huddersfield. The charge for this service, which is based on a rate per mile, is determined at the end of the financial year.

Lancashire County Council

All '999' calls originating in the adjacent Lancashire County area, and received at the Oldham Depot are re-routed to the County Control at Whitefield by a direct line which was installed in July, 1959. During this year the Whitefield Control requested Oldham to complete 46 calls involving a total of 441 miles, the number of calls being an increase of 25 with an increase of 322 miles on the previous year.

Early in December, 1970, the Central Pennine Section of the M62 Motorway from Outlane (Huddersfield) to Rockingstone Moss at the junction of the A672—Ripponden—Oldham Road was opened. Discussions took place whereby Oldham Ambulance Service may be called upon to act in cases of mutual aid in major incidents on the Motorway.

I HOSPITALS

Out Patients Clinics and "Day Care"

Patients are conveyed to and from the Anti-coagulant Clinic at the Oldham and District General Hospital. A mileage of 7,493 was incurred compared with 7,013 for the previous year, an increase of 480 miles.

Transport is provided for 'day care' patients and patients attending the Psychiatric Out-Patient Department at the Oldham and District General Hospital, and the Psychiatric Unit at Westhulme Hospital. Dual purpose vehicles are used for this service and 5,029 patients were transported for a total of 10,421 miles.

Patients are also conveyed to and from the Geriatric Out-Patient and Day Care Departments at the Oldham and District General Hospital. A mileage of 61,849 was incurred during the period under review as compared with 54,252 the previous year, showing an increase of 7,597 miles. The number of patients carried was 20,830 an increase of 2,680 on the previous year.

Journeys Outside the Borough

The majority of these cases are to hospitals in the Manchester area. Journeys beyond these limits are not numerous but have increased because of the high rates charged by the British Railways for the conveyance of stretcher cases.

There were 100 journeys over 25 miles as follows:—

Wrightington Hospital	45
Sheffield	11
Liverpool	8
Southport	5
Huddersfield	5
Ringway Airport	4
London	3
Heswall	2

One journey to each of the following, Bradford, Buxton, Charminster, Cheadle, Clitheroe, Ilkley, Keighley, Leeds, Macclesfield, Nantwich, Oswestry, Pontefract, Preston, St. Anne's, Stockport, Timperley, Wigan.

Three journeys by train — 1 London, 1 Plymouth, 1 Rainham.

Accident and Emergency Cases

During the year 4,473 cases were removed to hospital, an increase of 2,799 on the previous year. The mileage incurred was 37,166, an increase of 5,345 miles on the previous year. No major accidents occurred during the year.

Persons Suffering from Burns and Scalds

During the year 25 children aged 0—17 years and 30 adults were conveyed to hospital as compared with 48 and 46 respectively in the previous year.

Emergency Maternity Unit (Flying Squad)

This unit operates from Oldham and District General Hospital and the Service was called on 21 times during the year.

National Health Service (Amendment) Act 1949

Forty-six removals were effected for Lancashire County Council incurring a mileage of 441.

National Health Service (Amendment) Act 1957

During the year 143 miles were incurred on duties for the Inskip League and 124 miles for the Oldham and District General Hospital.

II TRANSPORT PROVIDED FOR OTHER DEPARTMENTAL SERVICES

Midwives

A total of 4,403 miles was incurred (3,320 Car and 1,083 Dual Purpose Ambulance), which compares with 7,023 during the previous year, a decrease of 2,620.

Home Nursing

The total mileage run was 21 compared with 167 the previous year, a decrease of 146.

Mental Health

A total of 62,417 miles was involved compared with 70,533 in the previous year, a decrease of 8,116.

School Health

A total of 163 miles was run for this Service.

National Safe Driving Competition of the Royal Society for the Prevention of Accidents

Ambulancemen are entered each year for this competition and out of the 50 eligible 13 received diplomas, 1 received the 5 year medal, 9 received the bar to the 5 year medal, 2 received the oak leaf to the 10 year medal and 1 received the bar to the 15 year medal.

TABLE I

Staff

		31st December 1972	31st December 1971
	Ambulance Officer	1	1
*	Station Superintendents	6	6
	Ambulancemen	48	48
	Driver/mechanics	2	2
	Telephonists	2	2
	Handyman	1	1
	Part-time drivers	4	4

* Station Superintendents include liaison officer based at Oldham Royal Infirmary in their duty rota.

TABLE II

Vehicles

		31st December 1972	31st December 1971
**	Ambulances	9	9
	Dual Purpose Vehicles	13	13

Two Bedford Ambulances ABU 153B and ABU 154B were replaced by Bedford C/F Ambulance YMA 871J and Land-Rover Ambulance GBU 710K.

- ** The total number of ambulances includes two Land-Rover Ambulances specially fitted for recovery work if necessary. These vehicles have proved invaluable in the winter months especially in snow. All vehicles are fitted with radio telephone equipment and the ambulances with the Stevenson Minutemen resuscitator equipment. All dual purpose vehicles carry Brook Airways for emergency resuscitation.

TABLE III

Cases Carried and Vehicles Used

Authority	Vehicles		Total Number of Cases		
	Ambulance	Dual-Purpose	1972	1971	1970
Oldham County Borough	32,194	84,130	116,324	113,894	127,998
West Riding County Council ...	3,612	4,407	8,019	8,176	8,457
Lancashire County Council ...	46	—	46	21	21
Totals	35,852	88,537	124,389	122,091	136,476

TABLE IV

Total Mileage

Authority	Vehicles		PBU 770F	Total Mileage		
	Ambulance	Dual-Purpose		1972	1971	1970
Oldham County Borough	103,583	184,778	6,030	294,391	276,311	293,090
West Riding County Council	24,649	32,783	—	57,432	52,710	57,744
Lancashire County Council	441	—	—	441	119	217
Totals	128,673	217,561	6,030	352,264	329,140	344,743

Change in Location

After separating from the Kelsall Street Depot for approximately 25 years, the Ambulance Service moved into its new premises in Crofton Street off Ashton Road, in the latter part of January.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Tuberculosis

Close co-operation in this field exists between the hospital services and the local authority. Dr. P. B. Woolley, the Chest Physician, undertakes duties under the authority's scheme in connection with prevention

of illness and care and after care. The Chest Clinic sessions held at Oldham and District General Hospital are attended by the Tuberculosis Health Visitor who acts as liaison officer between the clinic and the patients in their homes.

Patients in need of extra nourishment are issued with orders, on the recommendation of the Chest Physician, for the supply of free milk. Each order permits the supply of one pint of milk per day for a period of one calendar month. During the year 102 orders were issued to 9 individual patients.

On the recommendation of the Medical Officer of Health the Housing Committee gives priority for the rehousing of patients suffering from pulmonary tuberculosis who have positive sputum; certain other cases also receive some degree of priority. During the year no recommendation for priority rehousing was made.

Mass Miniature Radiography

The Mass Miniature Radiography Service hold general practitioner referral sessions at the Marjory Lees Health Centre on one half day per week during the year. This facility is available to all the doctors in the town and not just restricted to those occupying the Health Centre. This unit also undertook during the year to examine all the local authority staff having contact with children and this scheme is still progressing.

In accordance with the Ministry of Health Circular 64/50, Home Office Circular 228/50 and Ministry of Education Circular 248, selected candidates for employment involving close contact with groups of children and all persons in such employment have a chest x-ray prior to engagement and during each succeeding year of their employment.

These chest x-ray examinations of entrants to courses of training for teaching and to the teaching profession were undertaken at Oldham and District General Hospital during the year.

Other Types of Illness

Close co-operation exists between the hospital staffs and the officers of the department and assistance is given through the appropriate services to the patients discharged from hospital following requests from the hospital medical social workers.

Provision of Nursing Requisites and Apparatus

(i) Maternity Cases

Beds, mattresses, blankets, pillows, bed pans, air rings and other sick room requisites are available on request through the Midwives Service.

(ii) Other Cases

Varied types of apparatus and equipment are supplied in accordance with the requirements of individual cases referred by general practitioners and the Superintendent of District Nursing.

Equipment can also be obtained through the St. John Ambulance Brigade (Oldham Corps), 41, Cromwell Street. A deposit is charged on issue but this is refunded on return of the equipment supplied. The depot is open Monday to Friday from 7.30 p.m. to 9 p.m.

A sum of £200 was paid towards establishment charges at the depot for the financial year 1972/73.

(iii) Incontinence Pads Service

This service, which has been in operation for a number of years, provides for the supply of incontinence pads through the District Nursing Service to patients whose condition necessitates their use. In addition, disposable polythene sheeting has for some time been used instead of draw sheets. The pads are disposed of by burning.

Convalescent Facilities

No scheme for convalescent facilities has been established by the Health Committee but it has been agreed that in special circumstances cases may be recommended to the Committee for consideration. No cases were referred during the year.

The Local Education Authority has arrangements for providing convalescence for school children, suitable cases being recommended through the School Health Service. One case was referred during the year.

Cervical Cytology

During the year 1,522 women had routine tests (443 1st tests, 1,008 routine Local Health Authority recalls and 71 recalls requested by the National Health Service Registry). A further test was requested by the laboratory in ten cases. One test proved to be clear and the other nine showed signs of possible carcinoma and were immediately admitted to the wards of the Consultant Obstetrician & Gynaecologist. Two of these cases proved negative after biopsy and the other seven positive. The patients were referred for the necessary treatment. Two of these patients unfortunately died, the other five have made satisfactory recovery and will continue to attend the Consultant Obstetrician & Gynaecologist's follow-up clinic.

Geriatric Service

The Consultant Geriatrician to the Oldham Hospital Group is also Consultant Geriatrician to the local authority. This affords liaison between the staff of the Geriatric Unit at Oldham and District General Hospital and the department. No major problems have been experienced in the admission of geriatric patients whose social conditions necessitated immediate hospital care.

The work in this field has been undertaken by a health visitor who deals with most medico-social cases referred to the department and works in close collaboration with the general practitioners, the appropriate officers of the department and the Social Services Department in the management of these cases.

B.C.G. Vaccinations

Vaccination of Contacts — Arrangements exist under the control of the Chest Physician, Dr. P. B. Woolley, for the vaccination of selected contacts of known cases of tuberculosis.

During the year, 176 pre-school children (87 boys and 89 girls) 110 school children (61 boys and 49 girls) and 5 adults (3 males and 2 females) were found to have negative skin tests and found to be positive on subsequent testing following B.C.G.

Vaccination of School Children — In accordance with the Ministry of Health Circular 22/53, vaccination of older school children has continued. All children in their second year at a secondary school (i.e. 12/13 year age group) are offered B.C.G. vaccination.

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary. This is carried out at the Chest Clinic, Oldham and District General Hospital and the films are reported upon by the Chest Physician, who also undertakes any necessary supervision. No case of active pulmonary tuberculosis was detected among those examined. Detailed statistics are given in the School Health Service Section of the report.

CHIROPODY SERVICE

Staff

At the beginning of the year the establishment consisted of one Chief Chiropodist, one Senior Chiropodist and four part-time Chiropodists. In May, another part-time Chiropodist was appointed.

Transport

The Chief Chiropodist is included in the Motor Car Allowance Scheme of the Corporation.

Clinics

Chiropody Clinics are held at the Central Clinic, Cannon Street, Tate Street, Honeywell Lane and the Marjory Lees Health Centre, Egerton Street.

No visits were made to the Nuffield Villa and Mayall Street Home during the year. Patients requiring urgent treatment were treated at one of the clinics. Children requiring treatment are referred to the Chiropody Clinic at either Derker Clinic or Honeywell Lane Clinic. Head teachers refer children to these clinics for acute conditions.

The following figures relate to treatments given:—

(a) *Clinic Cases*

Clinics	Sessions held	No. of Cases at 1.1.72	New Cases	Treatments Given	Removed from Register*	No. of Cases at 31.12.72
Central	627	841	175	3,667	373	743
Honeywell Lane.	171	275	48	1,140	86	237
Tate Street	136	234	49	858	61	222
Marjory Lees ...	133	124	39	867	5	158
Totals ...	1,067	1,474	311	6,532	525	1,260

(b) *Domiciliary Cases*

No. of Cases 1.1.72	New Cases	Former Clinic Cases	Treatments Given	Removed from Register*	No. of Cases at 31.12.72
468	101	64	1,957	163	470

*These numbers include patients who have failed to attend after numerous appointments and their names have been taken off the register.

SECTION IV
OLDHAM EXECUTIVE COUNCIL
General Practitioner Services

OLDHAM EXECUTIVE COUNCIL
*General Medical, Pharmaceutical, Dental and
 General Ophthalmic Services*

The Oldham Executive Council consists of a Chairman and 29 other members, 8 of whom are appointed by the local health authority. With the re-organisation of the National Health Service and Local Government taking place on the 1st April, 1974, all members, namely:—

Alderman Miss E. Brierley, B.A., J.P.
 Alderman Mrs. E. Rothwell, J.P.
 Alderman E. G. Taylor, J.P.
 Councillor F. Baxter, J.P.
 Councillor A. Clarke.
 Councillor B. Kenny.
 Councillor F. Liles.
 Dr. B. Gilbert.

will retire as appointees of the Oldham Local Health Authority.

The successor to the Executive Council will be the Family Practitioner Committee which will continue to be a body corporate with perpetual succession and a common seal and have a membership of 30, of whom:—

- (1) 11 shall be appointed by the Oldham Area Health Authority.
- (2) 4 shall be appointed by the Oldham Metropolitan District Council.
- (3) 8 shall be appointed by the Oldham Area Local Medical Committee.
- (4) 3 shall be appointed by the Oldham Area Local Dental Committee.
- (5) 2 shall be appointed by the Oldham Area Local Pharmaceutical Committee.
- (6) 1 Ophthalmic Optician } shall be appointed by the Oldham Area
 1 Dispensing Optician } Local Optical Committee.

I am indebted to Mr. G. Evans, Clerk of the Oldham Executive Council, for the information contained in the following report which relates to the year ended 31st March, 1973.

General Medical Services

There were 100 principal medical practitioners on the Council's Medical List at the 31st March, 1973, of whom 53 were regarded as resident in the Oldham area. The number of Oldham patients registered with doctors at the 1st January, 1973, was 108,813 a decrease of 1,184 on the previous year. 14.38 per cent. of the registered population are over the age of 65, an increase of .59 per cent. on the previous year.

Pharmaceutical Services

On the 31st March, 1973, the Pharmaceutical List included the following number of contractors in the area:—

(a) Pharmacies	28
(b) Drug Stores	1
(c) Surgical Appliances Suppliers	7

General Dental Services

The number of practitioners on the Dental List at 31st March, 1973, was 20.

General Ophthalmic Services

The following statement shows the number of ophthalmic medical practitioners, ophthalmic opticians and dispensing opticians under contract with the Ophthalmic Services Committee at 31st March, 1973:—

Ophthalmic Medical Practitioners	5
Ophthalmic Opticians	22
Dispensing Opticians	2

Charges

The following charges are effective:—

Pharmaceutical Services

A charge of 20p is made in respect of each prescription dispensed; the charge to be paid by the patient. The charges apply to medicines, appliances and elastic hosiery, in the latter case one stocking counts as one item and attracts a charge of either 20p or 25p.

There are exemptions provided for in regulations and the following is a list of persons who do not pay the charges:—

- (a) Persons under the age of 15 years.
- (b) Persons over the age of 65 years.
- (c) Expectant mothers or nursing mothers who hold a current exemption certificate issued by an Executive Council.
- (d) Persons holding exemption certificates because they suffer from one of certain conditions specified in the regulations.
- (e) Persons and dependants who hold exemption certificates issued by the Ministry of Social Security, in receipt of supplementary pension or allowances.
- (f) War Pensioners who need prescriptions for the treatment of their accepted war disability.

Dental

The maximum charge to patients for one or more than one denture together with any other treatment is £10.00 or half of the cost, whichever is the less.

The charge for treatment only is half of the cost, or £10, whichever is the less.

Ophthalmic

The charges to patients for lenses range from £1.20 to £2.10 per lens for single vision lenses and £2.45 to £3.50 per lens for bifocals.

Children under 16 or if over this age in full-time education (other than further education) under the 1944 Education Act, are eligible for free glasses if these are chosen from the range of children's standard frames. Those children within the ages of 10 to 16 years, or older children still attending full-time education are

allowed to have under the General Ophthalmic Service, frames within the adult range with exemption from lens charges. The normal statutory charges apply when a child under 10 years chooses glasses from the adult range of frames and the charges will also apply when non-National Health Service type frames are chosen by a child of any age.

Finance

The total cost of the services for the year ended 31st March, 1973, was £1,349,071, of which £147,316 was met from charges made to patients for pharmaceutical, dental and optical services, leaving a net cost to the Exchequer of £1,201,755.

SECTION V

Epidemiology

INFECTIOUS AND OTHER DISEASES

Diphtheria

No cases were notified. Diphtheria last occurred in the Borough in 1950, when one case was notified and confirmed.

Scarlet Fever

There were 23 cases compared with 20 cases in the previous year.

Enteric Fever

(a) Typhoid Fever:

No cases were notified. In June the Department was informed that two Oldham residents, who had been on a world cruise, might have been in contact with a case of typhoid fever. They were kept under surveillance and blood, urine and faeces specimens all proved negative.

(b) Para-typhoid Fever:

No cases were notified.

Acute Encephalitis

No cases were notified.

Acute Meningitis

There were 9 cases notified and confirmed. One death was registered, which was notified posthumously — a boy aged 3 years. He was admitted to a hospital outside the Borough on the 18th November and died on the same day.

The cause of death was:—

- 1(a) Meningococcal Septicaemia.
Meningitis.
PM without Inquest.

Infective Jaundice

There were 49 cases notified and confirmed, compared with 84 confirmed cases in the previous year.

Tetanus

No cases were notified.

Measles

There were 900 cases notified compared with 592 in the previous year.

Whooping Cough

There were 7 cases notified and confirmed, compared with 37 cases in the previous year. Of the 7 cases notified 1 had received a full course of prophylaxis.

Dysentery

There were 17 cases notified, 16 of which were confirmed bacteriologically compared with 72 in the previous year.

Ophthalmia Neonatorum

One case was notified and confirmed.

Acute Poliomyelitis, Malaria, Brucellosis.

No cases were notified

Anthrax

A 24 year old married woman, residing in Middleton, was admitted to Oldham & District General Hospital on Wednesday, 6th December and provisionally diagnosed as a case of meningitis. Laboratory investigations revealed anthrax.

The patient had been admitted to a general ward and had been transferred to the special care unit after an exploratory procedure in the theatre. This necessitated a great deal of terminal disinfection and also the destruction of several hundred pounds worth of equipment.

She had just returned from a holiday in Tunisia and had handled several animal skins prior to purchasing a rug which she brought back with her and from which no anthrax organisms were cultured.

Smallpox

A Pakistani woman aged 39 years arrived in the U.K. on September 6th, 1972, flying from Rawalpindi to Manchester Airport via Amsterdam proceeding directly to Shaw, near Oldham.

On Monday, September 11th, 1972, she was admitted to Strinesdale Hospital, Oldham suffering from bronchiectasis. On the 14th - 15th September, the hospital medical officer noticed a rash appearing on the hands and on Monday, 18th September a request was received for a medical officer of this department to visit the hospital.

The patient was afebrile and had no backache but was very anxious. There was a well crusted vaccination on her left upper arm and she claimed to have been vaccinated on September 1st. On her hands and feet were a number of deep set fleshy vesicles beginning to umbilicate. The smallpox consultant was contacted, scrapings taken from the lesions and sent to Liverpool for identification.

It was not possible to make a firm clinical diagnosis as the lesions might have represented a late vaccinal spread, but Electron microscopy demonstrated the presence of a pox virus and the gel diffusion test was equivocal. As a precaution the patient was removed to a smallpox hospital.

At this stage, although it was thought that clinically this was probably not a case of smallpox, it was decided to treat it as such in view of the equivocal laboratory findings, but there was no intention of pursuing a policy of mass vaccination whatever the outcome. All the hospital staff and recent visitors

to the hospital were however vaccinated and ultimately some 500 persons were vaccinated in this and other towns. It was not before 24th September that laboratory tests discounted smallpox.

Contact was maintained throughout with the Department of Health and Social Security and Medical Officers of Health with contacts in their areas. In the event, this was a very useful exercise and I wish to record my appreciation of the hard work of the staff concerned and the close co-operation of other health authorities and the hospital service.

Several Oldham residents returning from declared smallpox locally infected endemic areas who were not in possession of a valid international certificate of vaccination were kept under surveillance.

E. Coli Infection

There were 26 known cases of E. Coli infection in young children, compared with 43 in the previous year.

Cholera

A family of five were kept under surveillance when one member returned to Oldham after being in contact with Cholera in Bangladesh.

Food Poisoning

In all cases or suspected cases of food poisoning full enquiries are made to ascertain the source of infection. Samples of any suspected food available are submitted for bacteriological examination.

During the year 11 cases were brought to notice, 9 by formal notification and 2 ascertained following investigation. Of the 11 cases, 3 were associated with a family outbreak. There were 8 individual cases.

A. Outbreaks

A woman was notified as suffering from food poisoning symptoms and her child and a relative were ascertained cases. Salm. agona was isolated from the faeces in two of these cases but the investigation failed to reveal the source of the infection.

B. Individual Cases

There were 8 individual cases. Salm. typhimurium was isolated in one case, Salm. agona in two cases, Salm. anatum in one case and Salm. Group B in the remaining four cases. The Public Health Laboratory were unable to specify the organisms in these cases.

CASES OF CERTAIN DISEASES NOTIFIED DURING EACH MONTH OF THE YEAR

Months	Scarlet Fever	Whooping Cough	Measles	Acute/ Viral Meningitis	Dysentery	Infective Jaundice/ Hepatitis	Food Poisoning	Acute Encephal- itis	Ophthalmia Neo- natorum
January ...	3	1	127	3	—	6	1	—	—
February ...	3	—	173	—	2	3	—	—	—
March ...	5	1	199	—	—	5	—	—	—
April ...	2	—	152	1	1	9	—	—	—
May ...	2	3	102	—	3	1	—	—	1
June ...	1	2	73	—	1	2	—	—	—
July ...	1	—	30	1	—	3	—	—	—
August ...	4	—	20	—	1	2	1	—	—
September ...	—	—	12	1	1	—	6	—	—
October ...	1	—	5	1	1	3	—	—	—
November ...	—	—	4	1	3	5	1	—	—
December ...	1	—	3	1	3	10	—	—	—
Totals ...	23	7	900	9	16	49	9	—	1

CASES OF NOTIFIABLE DISEASES

Notifiable Disease	Cases		AGE GROUPS										
	Number	Admitted to Hospital	Under 1	1—	2—	3—	4—	5/9	10/14	15/24	25/44	45/64	65+
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	23	—	—	—	—	1	3	13	—	2	—	—	—
Whooping Cough	7	2	2	1	—	2	1	1	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	900	14	67	113	121	121	177	279	14	4	3	1	—
Acute Meningitis	9	9	2	—	—	1	—	3	1	—	2	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	16	9	2	2	2	1	—	1	—	—	5	2	1
Ophthalmia Neonatorum	1	1	1	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	9	7	3	—	—	—	—	—	—	—	2	2	2
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis	46	34	—	—	—	—	—	3	1	13	19	6	4
Other forms Tuberculosis	18	15	—	—	—	—	—	—	—	7	7	3	1
Infective Jaundice	49	4	1	—	—	2	3	21	10	8	3	1	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—

TUBERCULOSIS

There was no change in the Tuberculosis Service provided for the borough. Out-patient diagnosis and preventive work is carried out at the Central Chest Clinic, Oldham and District General Hospital, and in-patient treatment is provided at Strinesdale Hospital and other hospitals outside the borough.

Deaths

There were 3 deaths from pulmonary tuberculosis. In addition, 6 persons suffering from pulmonary tuberculosis died from causes other than tuberculosis.

The Tuberculosis Register

The number of persons on the register at the 31st December, was 318, which compares with 299 at the end of the previous year.

During the year 57 cases were removed for the following reasons:—

1. Recovered	15
2. Removal out	13
3. Lost sight of	15
4. Will not attend	2
5. Died	11
6. Diagnosis not confirmed	1

14 of the 15 recovered cases were pulmonary.

Pulmonary Tuberculosis

There were 46 new cases placed on the register compared with 51 for the previous year.

	Male	Female	Total
R.A.1. (Early cases, sputum negative or absent)	15	9	24
R.A.2. (Intermediate cases, sputum negative or absent)	2	1	3
R.A.3. (Advanced cases, sputum negative or absent)	4*	2*	6
R.B.1. (Early cases, sputum positive)	5	1	6
R.B.2. (Intermediate cases, sputum positive) ...	—	1	1
R.B.3. (Advanced cases, sputum positive)	4*	2	6

* Includes 1 case notified posthumously.

There were 10 inward transfers to the borough.

Non-Pulmonary Tuberculosis

There were 18 new cases notified compared with 17 for the previous year.

The following details refer:—

Case 1 (A.K.)	Male aged 21 years; abscess chest wall.
Case 2 (W.D.)	Male aged 51 years; bladder.
Case 3 (H.J.)	Male aged 50 years; testis & epididymis.
Case 4 (M.Y.)	Male aged 42 years; hilar & cervical glands.
Case 5 (S.U.)	Male aged 32 years; neck glands.
Case 6 (P.G.)	Male aged 29 years; adenitis.
Case 7 (M.I.)	Male aged 18 years; mediastinal glands.
Case 8 (S.Z.)	Male aged 20 years; pericardial effusion.
Case 9 (B.W.)*	Female aged 68 years; wrist.
Case 10 (B.A.)	Male aged 20 years; wrist.
Case 11 (S.M.)	Male aged 34 years; neck glands.
Case 12 (M.K.)	Male aged 32 years; abdomen.
Case 13 (G.F.)	Female aged 41 years; lymph nodes.
Case 14 (M.S.)	Male aged 20 years; sternum.
Case 15 (M.B.)	Male aged 20 years; lymph glands.
Case 16 (P.P.)	Male aged 27 years; abscess chest wall and axillary glands.
Case 17 (A.W.)	Female aged 53 years; bladder.
Case 18 (I.H.)	Male aged 18 years; spine.

*Posthumous notification.

There were two inward transfers to the borough; axillary glands and neck glands.

Deaths

There was one death registered, and one person suffering from non-pulmonary tuberculosis died from other causes.

Summary of New Cases and Deaths during the year

Age Groups	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Other tuberculosis incl. late effects	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
Under								
1 year	—	—	—	—	—	—	—	—
1- year	—	—	—	—	—	—	—	—
2- 4 years	—	—	—	—	—	—	—	—
5- 9 years	1	2	—	—	—	—	—	—
10-14 years	—	1	—	—	—	—	—	—
15-19 years	7	1	2	—	—	—	—	—
20-24 years	4	1	5	—	—	—	1	—
25-34 years	9	2	5	—	—	—	—	—
35-44 years	5	3	1	1	—	—	—	—
45-54 years	1	1	2	—	1	1	—	—
55-64 years	3	1	—	1	1	—	—	—
65-74 years	—	2	—	1	—	—	—	—
75 and over	2	—	—	—	—	—	—	—
Totals	32	14	15	3	2	1	1	—

1972	46	...	18	...	3	...	1
1971	51	...	17	...	7	...	—
1970	47	...	8	...	1	...	1
1969	40	...	14	...	4	...	1
1968	37	...	13	...	8	...	3
1967	48	...	6	...	6	...	1
1966	58	...	3	...	9	...	—
1965	36	...	10	...	6	...	1
1964	44	...	4	...	11	...	—
1963	41	...	5	...	9	...	—
1962	39	...	1	...	10	...	1
1961	36	...	2	...	7	...	—
1960	86	...	1	...	12	...	2
1959	57	...	3	...	13	...	2
1958	49	...	14	...	11	...	1
1957	67	...	6	...	13	...	—
1956	98	...	11	...	15	...	4

Of the 64 new cases, 43 were found in Commonwealth immigrants.

CASES OF CERTAIN NOTIFIABLE DISEASES FROM 1948-1972

Year	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Acute Meningitis	Acute Polio-myelitis	Tuberculosis			Infective Jaundice*
									††		Pulmonary	Non-Pulmonary	Total	
1948	-	187	19	-	235	1,384	186	54	3	5	100	33	133	
1949	-	393	8	2	211	1,076	188	8	6	1	89	34	123	
1950	-	245	1	-	300	1,202	462	18	2	13(2)	82	23	105	
1951	-	167	-	-	199	1,834	488	9	5	3(3)	104	20	124	
1952	-	230	-	1	108	1,542	472	9	4	4(3)	133	21	154	
1953	3	214	-	-	139	805	137	59	7	4(1)	83	20	103	
1954	-	167	-	-	235	1,189	376	26	9	-	70	23	93	
1955	-	259	-	4	15	1,832	1,695	18	5	8(5)	59	20	79	
1956	-	130	-	-	43	1,116	204	74(106)	5	12(7)	98	11	109	
1957	-	72	-	-	139	2,625	85	16(10)	4	5	67	6	73	
1958	-	143	-	-	64	887	1,448	9	4	4(2)	49	14	63	
1959	-	171	-	2	75	1,175	159	17(5)	5	2	57	3	60	
1960	-	76	-	†1	61	1,943	840	6	2	-	86	1	87	
1961	-	125	-	-	45	562	189	9(7)	6	18(1)	36	2	38	
1962	-	55	-	-	5	593	166	9(113)	2	1	39	7	46	
1963	-	78	-	-	36	1,368	98	11(34)	-	-	41	5	46	
1964	-	52	-	-	122	1,485	439	22(4)	-	-	44	4	48	
1965	-	154	-	2	25	744	177	11(4)	3	-	35	10	46	
1966	-	111	-	-	41	1,900	241	4(80)	-	-	58	3	61	
1967	-	20	-	1	87	649	118	2	-	-	48	6	54	
1968	-	34	-	1	23	204	229	18(24)	1	-	37	13	50	
1969	-	16	-	-	4	918	78	18(28)	4	-	40	14	54	
1970	-	37	-	-	46	538	69	17(13)	6	-	47	8	55	16
1971	-	20	-	-	37	592	72	17(2)	28	-	51	17	68	37
1972	-	23	-	-	7	900	16	9(2)	9	-	46	18	64	112
														84
														49

** Cases formally notified; figures in parentheses relate to cases ascertained following investigation.

*** Non-paralytic cases shown in parentheses; included in total figures.

† A Middleton resident admitted to local hospital with symptoms of enteric fever.

* Notifiable from 15.6.68.

†† Meningococcal Infection before 1.10.68.

DEATHS FROM CERTAIN NOTIFIABLE DISEASES FROM 1948-1972

Year	Population	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Acute Meningitis †	Acute Poliomyelitis	Tuberculosis			Total
												Pulmonary	Other Tuberculo- sis incl. late effects ****		
1948	120,600	-	-	1	-	-	-	-	-	1	-	49	13	-	62
1949	120,600	-	-	-	-	1	-	-	1	-	-	39	9	-	48
1950	119,500	-	-	-	-	1	-	-	-	1	***1	39	8	-	47
1951	119,450**	-	-	-	-	-	-	-	-	-	-	32	5	-	37
1952	119,800	-	-	-	-	-	-	-	-	-	-	35	8	-	43
1953	119,100	-	-	-	-	1	-	-	-	-	-	14	2	-	16
1954	120,340**	-	-	-	-	-	-	-	1	-	-	24	2	-	26
1955	120,400	-	-	-	-	-	-	2	1	1	-	16	2	-	18
1956	119,500	-	-	-	-	-	-	-	-	-	-	15	4	-	19
1957	118,800	-	-	-	-	1	-	-	-	1	-	13	-	-	13
1958	118,300	-	-	-	-	-	-	-	-	-	-	11	1	-	12
1959	117,800	-	-	-	-	-	-	-	-	-	-	13	2	-	15
1960	117,250	-	-	-	-	1	-	-	-	1	-	12	2	-	14
1961	115,280	-	-	-	-	1	-	-	-	1	-	7	-	-	7
1962	114,680	-	-	-	-	-	-	-	-	-	-	10	1	-	11
1963	114,220	-	-	-	-	-	1	-	-	-	-	9	-	-	9
1964	112,670	-	-	-	-	-	1	-	-	-	-	11	-	-	11
1965	111,480	-	-	-	-	-	1	-	-	1	-	6	1	-	7
1966	110,640	-	-	-	-	-	1	-	-	-	-	9	-	-	9
1967	109,840	-	-	-	-	-	-	-	-	-	-	6	1	-	7
1968	109,100	-	-	-	-	-	-	-	-	-	-	8	3	-	11
1969	108,280	-	-	-	-	-	-	-	-	-	-	4	1	-	5
1970	108,080	-	-	-	-	-	-	-	-	3	-	1	1	-	2
1971	105,530	-	-	-	-	-	-	-	-	1	-	7	1	-	7
1972	104,860	-	-	-	-	-	-	-	-	1	-	3	1	-	4

* Not available.

** Borough Extension.

*** This was an inward transferable death, a female aged 24 years, who contracted the disease in the borough.

**** 1948-1967 non-pulmonary only.

† Meningococcal Infection before 1.10.68

CANCER

The number of deaths attributed to cancer shows a decrease of 13 when compared with the figure for 1971.

The figures for the last 13 years are as follows:—

1960	270
1961	269
1962	242
1963	285
1964	277
1965	262
1966	282
1967	286
1968	233
1969	278
1970	286
1971	259
1972	246

Analysis by Age and Sex Distribution

	Males	Females	Totals
0—14	3	—	3
15—24	—	—	—
25—34	—	1	1
35—44	2	4	6
45—54	11	11	22
55—64	37	33	70
65—74	47	40	87
75+	22	35	57
Totals ...	122	124	246

LOCALIZATION OF DISEASE

Site	Sex	Under 4 weeks	4 weeks & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75+	Total
Buccal Cavity Etc.	M	—	—	—	—	—	—	—	—	—	—	2	2
	F	—	—	—	—	—	—	—	—	—	—	1	1
Oesophagus	M	—	—	—	—	—	—	—	1	—	2	1	4
	F	—	—	—	—	—	—	—	—	—	3	—	3
Stomach	M	—	—	—	—	—	—	—	1	6	7	7	21
	F	—	—	—	—	—	—	1	—	2	7	2	12
Intestine	M	—	—	—	—	—	—	—	—	3	3	4	10
	F	—	—	—	—	—	—	—	3	4	6	10	23
Larynx	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	1	—	—	1
Lung/Bronchus	M	—	—	—	—	—	—	1	5	23	24	3	56
	F	—	—	—	—	—	—	—	—	7	6	3	16
Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	1	2	3	11	3	5	25
Uterus	F	—	—	—	—	—	—	—	1	1	6	3	11
	M	—	—	—	—	—	—	—	1	1	4	1	7
Leukaemia	M	—	—	—	2	—	—	—	—	1	—	1	4
	F	—	—	—	—	—	—	—	1	—	—	1	2
Other	M	—	—	—	1	—	—	1	3	3	7	3	18
	F	—	—	—	—	—	—	1	3	7	9	10	30
Totals		—	—	—	3	—	1	6	22	70	87	57	246

Deaths from cancer and lung cancer for the years 1957 to 1972

(a) Lung Cancer—Sex Distribution

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Males	45	49	39	46	43	47	54	58	54	56	71	45	55	58	57	56
Females	11	8	3	6	6	8	8	7	11	9	8	7	9	16	12	16

(b) Cancer Deaths—Rates per thousand of population, 1957 to 1972

Year	Population	Total Cancer Deaths	Rate per 1,000 Population	Deaths from Lung Cancer	Rate per 1,000 Population
1957	118,800	298	2.51	56	0.47
1958	118,300	283	2.39	57	0.48
1959	117,800	270	2.21	42	0.36
1960	117,250	270	2.30	52	0.44
1961	115,280	269	2.33	49	0.43
1962	114,680	242	2.11	55	0.48
1963	114,220	285	2.50	62	0.54
1964	112,670	277	2.46	65	0.58
1965	111,480	262	2.35	65	0.58
1966	110,640	282	2.55	65	0.59
1967	109,840	286	2.60	79	0.72
1968	109,100	233	2.14	52	0.48
1969	108,280	278	2.56	64	0.59
1970	108,080	286	2.65	74	0.69
1971	105,530	259	2.46	69	0.65
1972	104,860	246	2.35	72	0.69

VENEREAL DISEASES

There is a special clinic at Oldham and District General Hospital. The days and times of the sessions held are as follows:—

For Males and Females:

Monday	2-0 to 4-0 p.m.
Monday	5-0 to 7-0 p.m.
Wednesday	10-0 a.m. to 12 noon
Thursday	10-0 a.m. to 12 noon
Thursday	5-0 to 7-0 p.m.

The following figures relate to Oldham patients attending for the first time at a treatment centre and are extracted from records received from the Consultant Venerologist in charge of the centre:—

	Oldham	Rochdale	Ashton
Syphilis	13	2	—
Gonorrhoea	213	10	7
Other conditions	341	12	8
Totals ...	567	24	15

There were no cases of early syphilis recorded in 1971. In 1972, seven cases of early syphilis were seen at the clinic, three males and four females. The importance of contact tracing was well illustrated by the fact that four out of the seven cases were associated with one another.

Contact Tracing

Number of contact slips issued to males	80
Number of Females attending with contact slips	76
Number of Females attending from visits	27
Number of contact slips issued to Females	13
Number of males attending with contact slips	8

SECTION VI

Environmental Hygiene

WATER SUPPLY

The Engineer and Manager of the West Pennine Water Board (Mr. H. W. Elton) has kindly supplied the following particulars:—

GENERAL. The water supply to the area has been satisfactory in quality and quantity.

All waters are derived from upland surface reservoirs with the admixture of one borehole water to the Piethorne raw water. The new Piethorne Treatment Works was brought into operation about the middle of the year.

Action taken in respect of any form of contamination—adjustment of coagulant, alkali and chlorine dosages at the treatment works. All supplies are continuously sterilised by the addition of chlorine before passing into the distribution system.

PLUMBOSOLVENCY. All waters are treated with lime or soda ash for pH correction before distribution and all plumbosolvency samples taken were satisfactory with the exception of two which were taken from a property where modification of the plumbing was undertaken.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF WATER. A total of 3,885 samples were examined, 1,732 bacteriological and 2,153 chemical. The average chemical analysis of the seven sources are as follows:—

Average Analysis of Water from Plant:

1. Piethorne
2. Wicken Hall
3. Readycon Dean
4. Castleshaw
5. Strinesdale
6. Yeoman Hey
7. Manchester Bulk Supply

	1	2	3	4	5	6	7
pH	7.8	9.0	8.3	9.1	8.2	8.0	8.6
Colour							
in ppm Pt. ...	4.8	3.5	7.2	4.3	11	5.8	15
Turbidity							
in ppm SiO ₂ ...	1.9	0.3	1.2	0.91	1.2	0.9	1.7
Electrical							
conductivity							
micromhos/cc ..	342	165	136	172	274	158	80
Total Alkalinity							
as CaCO ₃	64	9.2	17	8.6	22	13	17
Total Hardness							
as CaCO ₃	83	50	27	48	93	48	28
Chloride							
as Chlorion ...	21	18	8	24	28	16	9
Sulphate as SO ₄	36	34	26	20	53	24	
Nitrite as N ₂ ...	0.002	0.010	0.005	0.002	0.005	0.003	0.001
Nitrate as N ₂ ...	0.46	0.46	0.57	0.32	0.95	0.92	0.19

	1	2	3	4	5	6	7
Ammoniacal							
Nitrogen as N ₂	0.02	0.39	0.15	0.04	0.04	0.07	0.02
Albuminoid							
Nitrogen as N ₂	0.03	0.07	0.03	0.12	0.11	0.04	0.05
Oxygen absorbed							
4 hrs @ 27°C.	0.21	0.53	0.13	0.36	0.85	0.31	1.2
Chlorine as Cl ₂	0.12	0.18	0.14	0.26	0.14	0.16	0.03
Lead as Pb	0.04	0.03	0.02	0.02	0.02	0.02	0.03
Aluminium as Al	0.10	0.16	0.14	0.20	0.18	0.15	0.06
Iron as Fe	0.08	0.03	0.07	0.06	0.04	0.07	0.06
Manganese as Mn	0.05	0.02	0.12	0.05	0.14	0.13	0.02
Calcium as Ca ...	13	16	3.8	12	27	11	
Magnesium as Mn	6.1	2.1	3.5	4.6	5.3	4.9	
Fluoride as F	0.29	0.23	0.22	0.26	0.31	0.20	
Silica as SiO ₂ ...	6.9	4.6	7.1	6.3	3.7	7.6	
Sodium as Na ...	26	9.4	17	6.7	13	6.9	

SOURCES OF SUPPLY
Number of Samples

<i>Bacteriological</i>	<i>Piethorne</i>	<i>Wicken Hall</i>	<i>Readycon Dean</i>	<i>Castleshaw</i>	<i>Strinesdale</i>	<i>Yeoman Hey</i>	<i>Manchester Bulk Supply</i>
Raw or Partial Treatment	50	73	65	92	83	119	
Final at Plant							
Satisfactory	143	125	102	101	92	175	
Unsatisfactory	0	0	0	0	3	7	
District							
Satisfactory	82	83	73	72	26	142	18
Unsatisfactory	0	0	1	0	1	4	0
Total	225	208	176	173	122	328	18
							99
<i>Chemical</i>							
Raw or Partial Treatment	53	85	67	91	179	124	—
Final at Plant	150	140	111	104	104	187	—
District Samples	89	112	73	90	27	149	22
Fluoride	6	6	6	6	6	6	—
Plumbosolvency							
Satisfactory	18	59	16	41	0	16	—
Unsatisfactory	0	0	0	2	0	0	—
Radioactivity	1	1	1	1	1	3	—
Total Bacteriological Samples					1,732		
Total Chemical Samples					2,153		
							3,885

SEWAGE TREATMENT

I am indebted to Mr. H. R. Walton, the Borough Engineer and Surveyor for the following report:—

“The Slacks Valley Works gave full treatment to 24,168,000 cubic metres of sewage from an area which includes most of Oldham, Chadderton, Lees and Springhead. Also 2,405,000 cubic metres of storm sewage were given partial treatment. The Bardsley works dealt with a total of 500,000 cubic metres. Rainfall measured at the Slacks Valley Works was 37.27”.

The average analysis of the sewage effluent at Slacks Valley were:—

		Bio-chemical Oxygen Demand	Suspended Solids
Sewage	241	162
Effluent	21	31

The average flow was 66,032 cubic metres per day and is increasing at approximately 3% per annum and design work is in progress to reconstruct and extend the Slacks Valley Sewage Works to deal with flows up to 1980.

A new Administrative Block is now in course of erection and is scheduled for completion in July, 1973.

PUBLIC CLEANSING

The Director of Public Cleansing (Mr. G. Crowther) has kindly supplied the following particulars relating to the year 1972.

“ Refuse Collection and Disposal

With the exception of the various blocks of flats throughout the town where bulk storage containers are used, all domestic refuse was temporarily stored in B.S.S. and plastic dustbins or paper sacks, prior to weekly collection by motor vehicles, and, along with trade and industrial wastes, disposed of by means of controlled tipping at the Corporation's sites at Constantine Street and the Honeywell Lane Tip.

Summary of Work Done

Number of dustbins	39,120
Number of bulk refuse storage containers in use	534
Number of paper sack holders fitted	4,040
Number of emptyings of domestic receptacles	2,340,460
Household and trade refuse collected	41,210 tons
Trade refuse delivered	6,135 tons
Total tonnage of refuse dealt with by controlled tipping	74,926 tons

Dustbin Provision Scheme

A dustbin supply scheme chargeable to the rates, was adopted by the Corporation in June 1950, and from that date and up to the 31st December, 1972, 86,941 B.S.S. dustbins have been supplied, 4,800 of them during the year under review, also 534 bulk storage containers, 49 of them during the year under review and 4,040 paper sack holders, 336 during the year.

Salvage

821 tons of salvage were recovered and sold, realising £7,948. An analysis of these figures is set out below:

Commodity	Weight tons	Revenue £
Paper	456	5,055
Scrap metals	19	59
Raw kitchen waste	346	2,834

Pail Closets

Unfortunately there are still 153 pail closets in the Borough. Conversions to the fresh water system at all the properties involved have been deferred until certain civil engineering difficulties have been overcome.

Summary of Work Done

Number of pail closet emptyings	8,121
Number of loads of pail contents treated	78

Street Cleansing

The 290 miles of streets and passages in the Borough were cleansed as follows:—

Daily	38 miles
Twice weekly	16 miles
Once weekly	30 miles
Less than once weekly	206 miles
Mileage of streets cleansed (exclusive of footpaths)	13,520

Gully Cleansing

Number of gullies in the Borough	15,794 approx.
Number of cleansings	32,715

ENVIRONMENTAL HEALTH SERVICES

I am indebted to Mr. D. Eckersley, Chief Public Health Inspector, for the following report:—

“To the Medical Officer of Health,

Sir,

I have both the pleasure and honour to submit my eighth annual report on the environmental work so far as it concerns the Public Health Inspector's Section of the Department of Public Health for the period 1972.

During the year the Department of the Environment, through Circular 50/72, called on Local Authorities in the northern part of the country to join the Government in a concerted and decisive drive on the problems of slums and older houses. The Secretary of State requested that Local Authorities review their existing plans and draw up a strategy to deal with the clearance of unfit houses within the next decade. On the 1st July 1972 it was therefore stated that 5,257 properties remained on the Council's list of unfit houses and that if the present rate of representation of 800 unfit houses per year is maintained it will result in the clearance programme being completed within the next six and a half years. It is an unfortunate fact that because of decay and deterioration between 300 and 400 houses are added to the unfit list each year and that 3,000 houses not classified as unfit at the present time could become unfit within the next ten years. It is anticipated, however, that having regard to the general increase in improvement grant applications, both individually and in General Improvement Areas, that the number of unfit houses added to the clearance programme will gradually reduce over the next few years and that the whole of the unfit properties will be cleared within the next decade. It should, however, be remembered that houses like human beings have a limited life span and that the clearance of obsolete and outworn properties will always remain a duty of Local Authorities. During the year 910 unfit houses were represented and 643 unfit houses demolished in accordance with the agreed programme.

In March, Oldham was declared an “intermediate” area which resulted in improvement and standard grants being increased from 50% to 75%. This event resulted in a 300% increase in the number of applications for grants which are now averaging 100 per month or 1,200 per year. In view of Oldham's large stock of older type houses this is a most encouraging trend and it would be a pity if the momentum slows down when the grants revert back to 50% in June 1974. In this connection representations have been made to the local members of Parliament to press for a substantial extension of the 75% period for towns with housing problems similar to Oldham.

In August the first phase of the Freehold district was declared a General Improvement Area which is 35 acres in extent and includes 845 houses. It is hoped that the site of 252 unfit houses included in a Compulsory Purchase Order will be added to the General Improvement Area when the properties are demolished, and will be used for environmental improvement and shop premises.

Steady progress has continued in the Stirling Street General Improvement Area particularly in the improvement of individual properties but the residents have expressed disappointment in the progress of environmental improvement. Towards the end of the year it was necessary to make application for additional staff to deal with the increasing work load in the Improvement Grant Section.

The smoke control programme continued smoothly at the increased rate of approximately 3,000 houses per year and the latest smoke control order, The Oldham No. 20 (Moorside/St. James) Order, which comprises over 5,000 houses and covers 1,200 acres, will, when confirmed and operative, result in Oldham being covered by smoke control orders to an extent of 73.5%. It is pleasing to note the continued decrease in smoke pollution which is now at a level difficult to envisage a few years ago. Other forms of pollution, i.e. grit and dust, vehicle emissions, noise and the SO₂ still emitted to atmosphere will no doubt receive closer attention during the coming years.

The year saw little or no trouble with itinerant gypsy caravan dwellers although the problem remains in suspension particularly with the large areas of still undeveloped sites which remain in Oldham, and the fact that little or no progress has been made with acquiring and preparing the agreed site.

With re-organisation very much in the offing much time and energy has been devoted to the very necessary preparatory work and attending the numerous panel, sub-panel and committee meetings. The general co-operation of all the officers in the authorities concerned, particularly in the Environmental Health Panel, is indeed most commendable

It was both pleasing and desirable that the Medical Officer of Health and I were appointed to Steering Group I, a group of Chief Officers under the chairmanship and leadership of the Chief Executive Officer. The Group has wide terms of reference which deal principally with the scrutiny of all important development schemes and consider policy to be recommended to the Council.

The year saw further progress in the food hygiene field and it was found possible to increase the numbers of visits to premises which dispense food to the public. It becomes more apparent each year that constant vigilance in food hygiene work is vitally necessary in the preservation of standards which are not always appreciated in this modern day and age.

The continuous and systematic treatment of Oldham's sewerage system with acute poisons was again successful in containing the rat population and resulted in a further drop in the number of complaints. It has been proved beyond doubt that such treatment must be a permanent feature of fundamental health control measures. The success in dealing with mice, however, is very much less encouraging and new methods are now very much required in this field.

It is pleasing to report that during the year one of our pupils, Mr. T. Richards, qualified as a Public Health Inspector when he passed the examination in December. He has been appointed an Assistant Public Health Inspector and is now carrying out district duties.

Mr. G. Booth, a Senior Specialist Public Health Inspector, was also successful in obtaining the Diploma of the Royal Society of Health in Air Pollution Control. Mr. Booth works in the Smoke and Noise Control Section.

In conclusion, I wish to tender my sincere thanks to you and the members of the Health Department staff for the willing help and co-operation I have received throughout the year.

I must also express my thanks to the Chairmen and members of the Health and Housing Committees for their consideration throughout the year.

Yours faithfully,

D. ECKERSLEY,

Chief Public Health Inspector."

Summary of Visits Carried Out by Public Health Inspectors

During the year 39,747 visits and 1,865 re-visits were made by the public health inspectors in connection with inspections under the various Acts:

Inspections	Visits	Re-visits	Total
Accumulations	625	155	780
Animal Boarding Establishments ...	5	—	5
Atmospheric pollution measurement	1,776	—	1,776
Clean Air Act—Interviews	281	—	281
Smoke observations	60	—	60
Inspection of Steam			
Raising Plants ...	46	—	46
Exhibition Houses ...	—	—	—
Closets—Water	166	40	206
Waste Water	7,013	578	7,591
Pail	31	—	31
Civic Amenities Act	73	—	73
Court Cases	27	—	27
Delivering of Letters	3,660	—	3,660
Diseases of Animals Acts and Orders	18	—	18
Drainage—Choked	1,208	482	1,690
Work in progress	185	25	210
Drain Tests	317	13	330
Public Sewers	179	91	270
Dust and Odours	150	—	150
Exhumations	2	—	2
Factories—Mechanical	197	4	201
Non-Mechanical	6	1	7
Factories Register Amendment Visits	14	—	14
Fairgrounds	4	—	4
Fertilisers and Feeding Stuffs	5	—	5
Film Shows and Lectures	17	—	17
Gypsies	49	2	51
Gypsies—Banked Sites	5	—	5
Hairdressers	19	—	19
Housing Progress Meeting	18	—	18
Houses in multiple occupation	343	1	344
House purchase	198	—	198
Improvement Grant visits	2,003	1,060	3,063
Interviews	622	6	628
Improvement Areas	193	—	193
Investigation of nuisance	191	—	191
Keeping of animals and birds	34	—	34
Land charges	17	—	17
Marine Stores	6	—	6
Litter Act	23	—	23
Mill Lodges	14	—	14
Mortgage Advance	52	—	52
Noise Nuisance (Abatement)	192	12	204
Offensive Trades	130	—	130
Offices and Workplaces	475	16	491

Offices, Shops and Railway Premises Act	128	—	128
Outworkers	27	—	27
Overcrowding	156	—	156
Poultry	12	—	12
Pigeons	28	—	28
Photography	134	—	134
Pet Animals Act	16	—	16
Prevention of Damage by Pests Act	295	69	364
Public Enquiries	6	—	6
Public Health Laboratory	155	—	155
Qualification Certificates	44	—	44
Rag Flock Act	5	—	5
Rent Acts	17	7	24
Riding Establishments	2	—	2
Smoke Control Areas—Dwellings ...	6,014	18	6,032
Other premises	38	—	38
Poster sites ...	182	—	182
Proposed Smoke Control Areas...	10	—	10
Swimming Baths Disinfestations	1	—	1
Tips	69	—	69
Vermis	329	74	403
Water Supply	380	37	417
Yards and Courts	114	11	125
Miscellaneous	997	4	1,001
Ineffective Visits (No Access)	4,568	3	4,571

Food Premises

Bakehouses—Mechanical	234	9	243
Non-mechanical	5	—	5
Food and Drugs	197	3	200
Food Hygiene Regulations:—			
Meat Shops	391	35	426
Restaurants and Cafes	389	36	425
Fishmongers	78	—	78
Grocers	573	20	593
Stalls and Markets	361	—	361
Fish and Chip Shops	132	5	137
Others (including Greengrocers and Off-licences)	379	18	397
Egg Pasteurisation Plant	35	—	35
Milk—Dairies and Milkshops	5	2	7
Dealers and Distributors	1	—	1
Registration—Food preparation:—			
Premises	9	—	9
Ice Cream premises ...	19	—	19
Scrap Metal Dealers	1	—	1
School Kitchens—Meat	201	—	201

Slaughterhouses	668	12	680
Inquiries—Infectious Diseases ...	458	15	473
Food poisoning	60	44	104
Dysentery	91	17	108
Disinfection	24	—	24
	<hr/>	<hr/>	<hr/>
	38,687	2,925	41,612
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Summary of Action Taken and Work Done

Cases reported to Committee	492
Complaints	2,094
Matters referred to other departments	937
Letters to owners, etc	3,252
O.S.R.P. Letters	83

Disrepair

Roofs repaired or renewed	937
Walls and chimneys repaired or rebuilt	392
Wall plaster repaired or renewed	301
Ceiling plaster repaired or renewed	88
Floors repaired or relaid	58
Windows repaired	255
Extra lighting provided	2
Ventilation provided or improved	2
Range or fireplaces repaired, re-set or renewed	5
Staircases repaired or renewed	1
Handrails provided or repaired	3
Doors and gates repaired	119
Washing accommodation provided or repaired	1
Rooms cleansed or redecorated	3
Contents of rooms cleansed or destroyed	1
Dampness remedied—Rising	222
Penetrating	150
Outbuildings repaired	39
Courts, yards and passages—paved or repaved	38
Cleansed	3
Repairs to outbuildings	5
Channel tiles repaired	7

Sanitary Defects

Drainage—Cleansed	206
Repaired or altered	63
Reconstructed	9
Public Sewers—Cleansed	68
Repaired or altered	15
Reconstructed	7
Eaves gutters—cleansed, repaired or renewed	99
Rainwater pipes—repaired or renewed	51
Disconnected	2

Sinks renewed or provided	7
Sink waste pipes—repaired or renewed	18
Water closets—repaired	43
Cleansed	5
Waste water closets—cleansed	6
Closets converted to water closets (or abolished)—Latrines	3
Waste water ...	88
Other closets provided	2
Soil pipes repaired or renewed	6
Water supply provided or improved	41
Yard surface relaid	19
Miscellaneous	
Dustbins—renewed	1
Extra provided	1
Nuisances abated—accumulations	116
other conditions	79
Information in rent books	3
Thermometers provided	6
Abstract copies Offices, Shops and Railway Premises Act displayed	8
First aid boxes replenished	7
Offices, Shops and Railway Premises heating improvement	1
Redecoration	1
Toilet repaired	2
Staff room improved	1
Working accommodation	1
Intervening ventilated space	1
	<hr/>
	9,984
	<hr/>

Offensive Trades

No offensive trades were commenced or discontinued during the year. The following were in operation at the end of the year:—

Hide and Skin Processing ...	1
Tripe Boilers	1
Fat Melters and Extractors	1

There were 130 visits made to these premises.

Marine Stores

One new marine store was established during the year but one was discontinued. At the end of the year there were 3 known marine stores in the borough.

Noise Abatement Act, 1960

During the year 51 complaints of noise nuisance were received and 228 visits were made, many of which were outside normal working hours.

Nineteen of these complaints were not confirmed and concerned mainly noises from domestic sources. The remaining 32 cases were 4 industrial, 6 commercial, 11 roadworks, 10 domestic and 1 other.

There were 11 complaints involving road drills without muffling devices and these were remedied by reference to the contractors concerned.

The commercial sources in relation to shops were occasioned by 2 refrigerator motors, 1 refrigerator induction fan, 1 juke box, 1 taxi business and 1 related to music from a public house. These were all dealt with informally and the noise emissions were eliminated or reduced to acceptable limits by lagging and baffling.

In 1 other case deliveries to a public house resulted in a noise complaint and this was also dealt with informally.

The domestic sources related to barking dogs, noisy parties, pop groups, water noises and general noise from neighbours. Here again informal action only was necessary in the cases where the complaints were substantiated.

The industrial complaints needed much more attention and the 4 confirmed nuisances were caused by compressors, a polishing machine, and in 2 cases extraction ducts and fans. The nuisances were abated by silencers on the compressors, the removal of the polishing machine, and baffling the extraction ducts.

Visits were again necessary during the year by senior members of the staff to a firm manufacturing concrete reinforcement. As stated in previous reports much has been done to minimise the noise but night working and badly sited premises give rise to complaints from time to time.

Time and time again noise complaints have resulted from the building of factory premises near dwellings or dwellings near factories, and better co-ordination is necessary between Planning Authorities, Health Departments and adjoining Authorities.

CLEAN AIR ACT, 1956 *ATMOSPHERIC POLLUTION*

New furnaces were fired with light oil or gas and the coke fired sectional heating boilers in Local Authority premises continued to be converted.

Smoke pollution is once again less than the previous year but SO₂ now appears to have reached its apparent lowest level until closer attention is paid to the removal of this pollutant to the same degree as smoke.

The smoke control programme continued and increased in pace. During the year 5 Orders came into operation and an area covering 1,227 acres and more than 5,000 dwellings was ready for submission at the end of the year. If this progress is maintained programme completion will be earlier than anticipated.

Approval of Industrial Furnaces

Notification was received in respect of the following installations:—

Oil fired sectional boilers	8
Oil fired air heaters	3
Oil fired package boilers	4
Oil fired incinerators	1
Gas fired boilers	2
Gas fired air heaters	1
Conversions—sectional boilers to gas	14

These were inspected in conjunction with representatives of the Borough Architect and Planning Officer's Department and were all found to be satisfactory. In 17 cases new chimneys were installed and in 3 cases chimney height approval was sought. All the chimneys conformed to requirements. The incinerator was of the large industrial type and was provided with a water trap and oil fired after burner.

Burning on Open Land

Complaints were received during the year regarding the burning of various waste materials on open land and in all cases visits by officers of the department were made and following discussions and correspondence, where necessary, with the persons concerned, the nuisances were remedied. These were as follows:—

(a) Burning of industrial waste	12
(b) Burning of commercial and shop waste	6
(c) Burning of domestic waste	1
(d) Burning of miscellaneous waste	2

There were 11 instances during the year when it was necessary to visit demolition sites where the usual burning of timber was being carried out, and the demolition contractors concerned were warned to restrict this burning to prevent nuisance. In one of these cases a repeated contravention resulted in court proceedings but the case was adjourned sine die.

Two tip fires resulted in complaints and also required the services of the Fire Brigade.

Scrap Dealers

Regular routine visits were again made to the scrap dealers in the town to obviate any nuisance arising from this type of business.

In 2 cases contraventions of Section 1 of the Clean Air Act 1968 were recorded against scrap metal dealers when dense black smoke was emitted and observed in the course of their business. The Borough Solicitor issued warning letters in both cases. Two other minor cases received verbal warnings from the Department.

Pollution from Iron Foundries

Regular observations of the cupola cold blast furnaces within the Borough continue to be made to control as far as practicable emissions from this source. All the cupolas are fitted with wet spark grit arresters. In 2 instances some smoke emission was caused by textile scrap but these were quickly remedied.

Dark Smoke (Permitted Periods) Regulations, 1958

During the year 39 smoke observations were taken and in 11 cases recorded emissions necessitated further investigation.

In 5 cases involving mechanical stokers, emissions were due to electrical faults in 2 instances, unsatisfactory fuel in 2 instances and a broken underfeed stoker in the remaining case. The other 6 cases concerned oil fired boilers and

the emissions were due to the breakdown of burners and other mechanical devices. In 1 of these cases new boilers were in course of installation. All these matters were remedied fairly quickly and in 5 further cases minor emissions resulted in visits to boiler plant and following discussions with the management, adjustments remedied the trouble.

Smoke from the disposal of industrial waste in incinerators gave rise to complaints in 3 cases and in one of these cases an approved incinerator was eventually installed.

Alkali Processes

There are now no registered works in the Borough under the Alkali and Works Regulations and Orders.

Smoke Control Areas

<i>Area</i>	<i>Operative Date</i>
The Oldham No. 1 (Littlemoor Lane Re-Development Area) Smoke Control Order, 1960	1st December, 1961
The Oldham No. 2 (Fitton Hill Extension) Smoke Control Order, 1960	1st November, 1961
The Oldham No. 3 (Holts) Smoke Control Order, 1961	1st July, 1962
The Oldham No. 4 (Alt) Smoke Control Order, 1961	1st December, 1962
The Oldham No. 5 (Bardsley) Smoke Control Order, 1962	1st November, 1963
The Oldham No. 6 (Garden Suburb) Smoke Control Order, 1964	1st July, 1965
The Oldham No. 7 (Hollins/Limeside) Smoke Control Order, 1965	1st November, 1966
The Oldham No. 8 (Clarkwell Street Re-Development) Smoke Control Order, 1965	1st October, 1966
The Oldham No. 9 (Crete Street Re-Development) Smoke Control Order, 1966	1st July, 1967
The Oldham No. 10 (Abbeyhills) Smoke Control Order, 1967	1st July, 1968
The Oldham No. 11 (Sholver Re-Development) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 12 (Primrose Bank Re-Development) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 13 (Hollinwood Re-Development) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 14 (Barrowshaw) Smoke Control Order, 1967	1st December, 1967
The Oldham No. 15 (Hollinwood/Limeside) Smoke Control Order, 1967	1st November, 1968
The Oldham No. 16 (Hartford/Westwood) Smoke Control Order, 1969	1st July, 1970
The Oldham No. 17 (Fitton Hill) Smoke Control Order, 1970	1st October, 1972

The Oldham No. 18 (St. Mary's) Smoke Control Order, 1970	1st October, 1972
The Oldham No. 19 (Hollins/Coppice) Smoke Control Order, 1970	1st October, 1972
The Oldham No. 22 (Coppice A) Smoke Control Order 1972	1st December, 1972
The Oldham No. 23 (Coppice B) Smoke Control Order 1972	1st December, 1972

Analysis of Smoke Control Areas

AREA	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	No. 8	No. 9	No. 10	No. 11
ACREAGE	39.38	112	518	205	472	196.57	77.5	6.1	29.8	253.69	352.1
Private Dwellings ...	207	47	67	61	238	661	77	—	392	561	75
Local Authority Dwellings	530	883	1,008	537	52	45	802	134	383	543	750
Commercial Premises	11	3	10	3	7	33	3	—	8	15	5
Industrial Premises	3	1	—	—	5	3	—	—	—	—	—
Others	1	5	2	2	14	1	5	1	1	27	1
Total Premises	752	939	1,087	603	316	743	887	135	784	1,146	831
Date submitted to Ministry	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	No. 8	No. 9	No. 10	No. 11
Objections received	3. 8.60	3. 8.60	15 .5.61	17. 1.62	18.12.62	8 .6.64	6 .5.65	17.11.65	8 .7.66	8 .2.67	8 .2.67
Objections withdrawn	3	—	49	—	—	—	—	—	—	451	—
Date of Public Inquiry	1	—	49	—	—	—	—	—	—	24	—
Date of Confirmation	25. 1.61	—	—	—	—	—	—	—	—	7.10.67	—
Date of Operation ..	18 .5.61	28. 4.61	26.10.61	8. 5.62	26 .4.63	4 .9.64	28 .4.66	2 .2.66	10.10.66	28.11.67	15 .5.67
	1.12.61	1.11.61	1 .7.62	1.12.62	1.11.63	1 .7.65	1.11.66	1.10.66	1 .7.67	1 .7.68	1.12.67

AREA	No. 12	No. 13	No. 14	No. 15	No. 16	No. 17	No. 18	No. 19	No. 22	No. 23	TOTALS
ACREAGE	20	37.25	10.39	273.77	168	188	186	176	76	79	3476.55
Private Dwellings ...	18	36	—	593	12	529	493	1,045	438	1,089	6,639
Local Authority Dwellings	427	344	202	1,054	312	1,153	2,176	167	9	—	11,511
Commercial Premises	5	—	—	33	26	11	9	28	2	15	227
Industrial Premises	1	—	—	2	13	5	6	9	—	3	51
Others	—	1	—	15	12	9	12	12	10	4	135
Total Premises	451	381	202	1,697	375	1,707	2,696	1,261	459	1,111	18,563
Date submitted to Ministry	8 .2.67	8 .2.67	8 .2.67	15 .1.68	7.11.69	9.11.70	9.11.70	9.11.70	27 .1.72	27 .1.72	
Objections received	—	—	—	—	—	—	—	—	—	—	
Objections withdrawn	—	—	—	—	—	—	—	—	—	—	
Date of Public Inquiry	—	—	—	—	—	—	—	—	—	—	
Date of Confirmation	15 .5.67	15 .5.67	25 .4.67	23 .3.68	8.12.69	10 .3.71	10 .3.71	10 .3.71	21 .4.72	21 .4.72	
Date of Operation ..	1 .12.67	1 .12.67	1 .12.67	1 .11.68	1 .7.70	1.10.72	1.10.72	1.10.72	1.12.72	1.12.72	

The Oldham No. 20 (St. James/Moorside) Smoke Control Order

This area is mainly residential with some industry and covers approximately 1,227 acres. The Order was ready for submission at the end of the year with a proposed operative date of 1st April, 1974.

Estimated and Final Costs Involved in Smoke Control Areas Nos. 1-14 inclusive.

Smoke Control Order No.	Approved Estimate £	Final Costs	
		Cost £	Percentage %
1	3,900.00	2,855.21	73
2	900.00	655.74	73
3	2,743.24	1,692.36	62
4	1,497.00	830.69	55
5	8,045.00	4,599.23	57
6	40,769.80	27,251.29	66
7	42,864.50	32,474.95	75
8	Nil	Nil	Nil
9	24,385.50	16,331.04	67
10	65,603.00	42,071.57	64
11	3,397.00	1,828.84	54
12	3,187.00	1,901.15	60
13	2,882.00	1,109.34	38
14	8,310.00	5,824.87	70

The differentials between the estimated and final costs fluctuate mainly because many private owner/occupiers convert without grants or keep the conversion to a minimum.

General

During the year 6,254 visits were made to dwellings and other premises within confirmed or proposed smoke control areas. These visits consisted of detailed surveys and inspection of works of adaptation.

There were 222 visits to industrial premises for the purpose of interviews with technical representatives and industrial management and for the inspection of steam raising plant.

Investigation and Measurement of Atmospheric Pollution

The measurement of smoke and S.O₂ was carried out by the use of volumetric apparatus sited at the following positions throughout the borough:—

Henshaw School.
 Fitton Hill School.
 Derker School
 Clarksfield School
 Robinhill School.
 Limeside Clinic.
 Ashcroft Street.
 Honeywell Lane Clinic.

The analyses obtained from the instruments are published in the Atmospheric Pollution Bulletin of the Department of Scientific and Industrial Research and are shown in the accompanying tables.

Co-operation with Voluntary Organisations

The following contributions were made to voluntary bodies during the year:—

	£
National Society for Clean Air	35.00
Manchester and District Regional Clean Air Council	1.00
Combustion Engineering Association	15.00
Clean Air Information Service	10.50
Noise Abatement Society	3.15

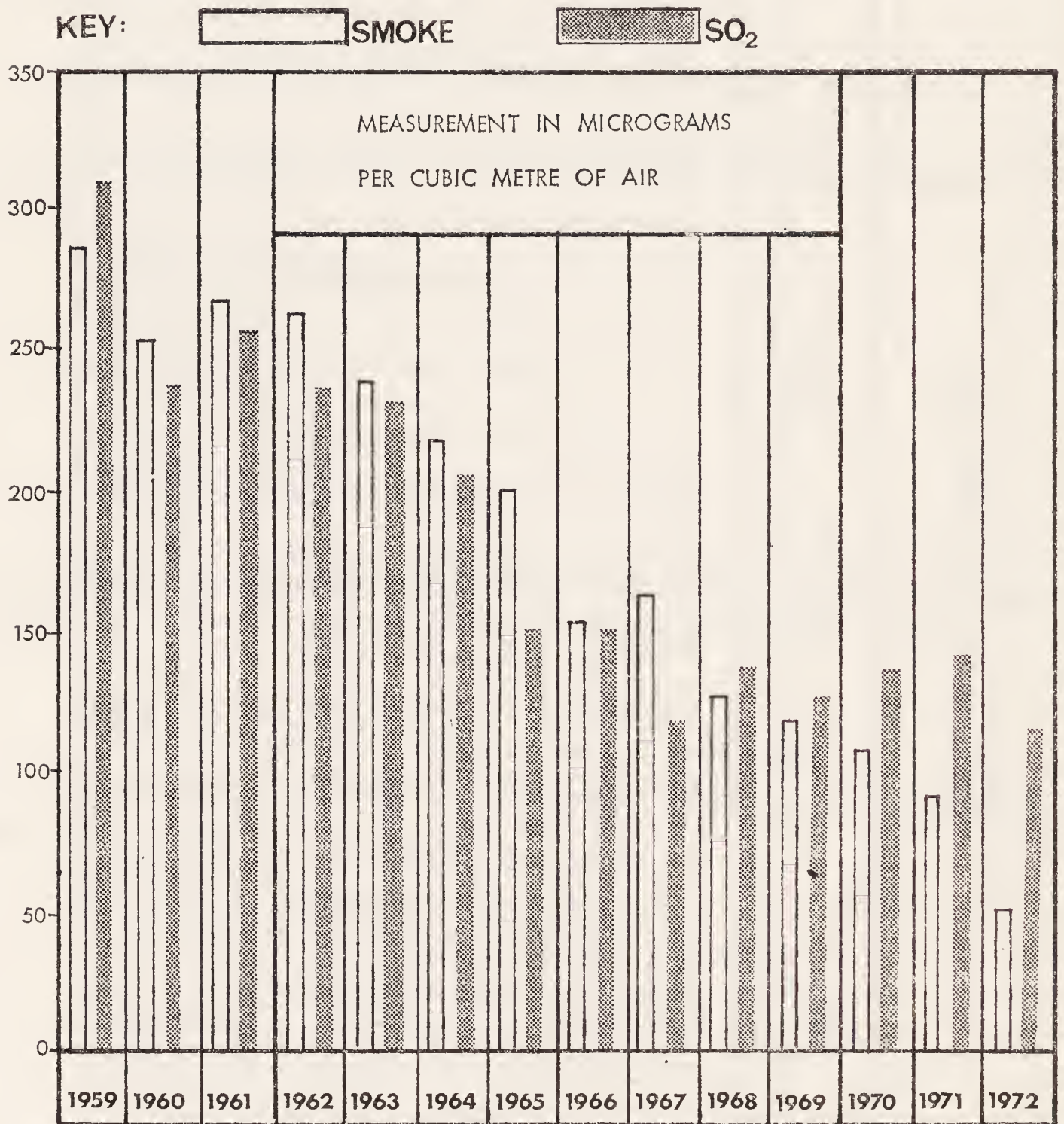
The Medical Officer of Health and the Chief Public Health Inspector represent the authority at the Standing Conference of Co-operating Bodies for the Investigation of Atmospheric Pollution.

The Chairman of the Health Committee, Councillor F. Baxter, J.P., Councillor Mrs. M. E. Bennett and the Chief Public Health Inspector represent the authority on the National Society for Clean Air (North West Division).

The appointed representatives of the authority on the Manchester and District Regional Clean Air Council are the Chairman, Councillor F. Baxter, J.P., Councillor Mrs. M. E. Bennett, the Medical Officer of Health and the Chief Public Health Inspector.

ATMOSPHERIC POLLUTION RESULTS 1972
Microgrammes per Cubic Metre

STATION	Henshaw School Station No. 3	Fitton Hill School Station No. 10	Derker School Station No. 11	Clarksfield School Station No. 12	Robin Hill School Station No. 13	Limeside Clinic Station No. 14	Ascroft Street Station No. 15	Honeywell Lane Clinic Station No. 16
MONTH	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.	Min. Max. Ave.
JAN.	14 192 66 61 393 134	10 196 57 46 283 122	49 272 113 56 402 144	18 361 111 48 308 109	— — — — — —	20 232 70 59 239 114	22 214 79 62 342 140	35 331 100 53 354 131
FEB.	12 134 58 38 239 113	11 124 43 54 187 95	40 180 97 66 315 132	16 178 80 48 165 90	— — — — — —	18 134 63 47 183 97	17 151 68 61 257 125	20 183 81 76 269 121
MARCH	19 117 58 67 249 115	13 117 56 54 253 104	37 156 76 83 278 128	14 162 74 55 202 98	— — — — — —	15 140 58 49 253 113	21 138 67 71 320 135	25 150 74 51 263 118
APRIL	7 67 27 43 148 88	10 46 27 46 139 81	25 118 55 56 179 99	19 155 66 56 150 91	46 121 65 47 160 101	23 80 45 51 153 85	21 87 37 40 181 92	33 100 54 47 143 90
MAY	3 55 23 37 155 81	3 104 20 41 186 75	16 104 46 56 174 88	15 135 46 43 142 79	27 137 53 41 174 85	6 107 31 40 147 77	14 75 35 42 172 81	19 91 40 40 154 74
JUNE	7 44 20 37 124 82	7 48 19 31 125 76	16 74 40 40 142 80	15 82 44 44 132 82	11 81 47 45 125 80	11 50 33 32 114 71	14 45 30 57 148 84	29 80 41 54 133 79
JULY	3 43 18 51 151 106	7 40 17 61 140 97	8 45 31 59 175 109	3 57 28 50 158 97	11 59 36 39 163 102	11 32 24 61 156 97	10 48 27 40 266 101	7 49 30 54 147 95
AUG.	7 35 18 32 164 87	8 32 17 28 126 79	7 48 28 26 162 95	11 56 27 38 154 76	8 56 32 36 143 77	7 35 21 41 126 74	6 35 23 51 117 84	7 41 25 40 124 74
SEPT.	7 73 27 33 218 116	9 83 38 50 179 116	35 141 67 73 249 124	11 176 68 47 234 118	36 162 75 47 184 106	19 145 49 60 363 105	18 117 52 65 235 109	20 129 57 67 229 116
OCT.	11 53 27 80 198 129	LV. LV. LV. LV. LV. LV.	29 108 68 78 202 128	15 131 53 67 191 122	37 150 85 66 220 126	15 96 43 57 193 105	28 131 55 77 222 126	15 111 54 66 231 117
NOV.	16 189 56 79 179 121	13 197 57 56 257 127	29 317 107 87 377 187	39 339 125 103 338 182	54 257 130 84 372 198	25 239 91 61 259 135	41 238 92 72 354 181	50 286 99 71 348 171
DEC.	7 205 51 104 559 236	7 142 50 89 526 158	40 243 106 144 452 181	11 255 84 87 422 146	25 140 106 84 489 173	24 205 61 71 498 142	38 221 85 95 452 164	7 227 77 106 459 153

DECREASE IN ATMOSPHERIC POLLUTION OLDHAM 1959-1972

Cotton Waste Emissions

During the year complaints were received regarding cotton waste emissions from the filter exhaust outlets of 2 textile mills.

In 1 case the nuisance was eliminated by the removal and diversion of 1 extract duct from the settling chamber flue, and in the other case the filter outlets were piped to a basement settling chamber.

Dust Nuisances

During the year several complaints were made following the cleaning of buildings by sandblasting. These resulted due to lack of sheeting and dry windy weather, but were quickly remedied.

Dust from an aluminium works also gave rise to complaints during the year and was dealt with by one of the adjoining authorities in whose area the premises were situate.

Other Nuisances

Three complaints of smells and fumes were dealt with during the year and these were caused by a tripe works and 2 air drying plants.

Investigation of the dumping of toxic waste was carried out during the year. In 1 case a few empty drums labelled Cyanide were found on a private tip and these were disposed of by this Authority.

RODENT CONTROL

The Borough is included in the area of the South East Lancashire Advisory Committee on Pest Control. Alderman Mrs. E. Rothwell, J.P. and the Chief Public Health Inspector were nominated to serve on this Committee during the year.

Four rodent operatives are employed, two by the Health Department to deal with surface infestations and two by the Borough Engineer and Surveyor's Department to carry out treatments of the sewage system. However supervision of all pest control is carried out by the Health Department, one public health inspector and one technical assistant specialising in this work.

The majority of infestations reported to the Department are of mice which are proving more difficult to control due to resistance to anti-coagulant poisons such as Warfarin. However in most instances successful control measures have been achieved by using the other poisons such as Alpha-chlorolose and Zinc Phosphide. Some difficulty has been experienced in dealing with infestations in schools, where, because of the danger of accidental poisoning, treatments often have to be confined to holiday periods.

One disturbing factor is the number of infestations found in new buildings particularly blocks of flats which often become infested before the occupiers move in. Modern methods of buildings construction with internal plumbing and ducting to carry services provide ideal harbourage and facilitate the movement of rodents from flat to flat. A similar situation exists with schools and office blocks. During the year representations were made by the South East Lancashire Advisory Committee to the Department of the Environment on this point with a recommendation for minor amendments to the Building Regulations.

In accordance with Ministry of Agriculture recommendations, surveys have been carried out to detect rodent infestations in areas such as tips, farms and water courses. Several major infestations of rats were discovered which had not been reported to the Department. There was a very heavy rat infestation at the Slacks Valley Sewage Works that took six weeks to control and almost half a ton of poison bait was used. Subsequent test baiting at intervals showed that the level of infestation was negligible. It was intended to extend the survey work to cover all areas liable to provide 'reservoir' infestations of rats, however with the growing number of complaints that required attention it was not possible to complete this time consuming task.

The following table shows the number of inspections and treatments carried out during the year:—

	TYPE OF PROPERTY	
	Non- Agricultural	Agricultural
1. Number of properties in district	49,553	23
2. (a) Number of properties inspected following notification	1,898	5
(b) Number infested by (i) Rats	231	5
(ii) Mice	1,590	1
3. (a) Number of properties inspected for rats and/or mice for reasons other than notification	174	8
(b) Number infested by (i) Rats	13	12 *
(ii) Mice	278 *	1

* Note: Several properties have been found to be infested on more than one occasion.

Sewer Treatment

During the year test baiting of the sewer system on the eastern side of the town was carried out to assess the extent of rat infestation. A total of 1,391 manholes were tested by baiting with plain oatmeal suspended in muslin bags. After an interval of seven days each manhole was revisited to ascertain the takes of bait. Of the 1,391 manholes tested, 228 (16%) were found to be infested.

Five treatments, using fluoroacetamide poison bait, were carried out, as detailed below, the 1st and 4th treatments being confined to the more heavily infested areas, the 5th treatment being uncompleted at the end of the year.

- 1st treatment—1,867 manholes baited.
2nd treatment—2,814 manholes baited.
3rd treatment—3,917 manholes baited.
4th treatment—1,496 manholes baited.
5th treatment—1,433 manholes baited.

In conjunction with the sewer treatments, inspections were also carried out at the storm water overflows and at the two sewage treatment works. Poison baiting with anti-coagulants was carried out where necessary.

FACTORIES ACTS

In accordance with Section 153 of the Factories Act, 1961, the following particulars under Part I and Part VIII of the Act are submitted:—

PART I OF THE ACT

I. —INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	N. Mech. 11	6	Informal 58	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	Mech. 589	201		—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	9	7	3	—
Total	609	214	61	—

II. —Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Reme- died (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	21	11	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	6	4	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) ...					
(a) Insufficient	—	—	—	2	—
(b) Unsuitable or defective	13	12	—	2	—
(c) Not separate for sexes	2	—	1	—	—
Other offences against the Act (not including offences relat- ing to Outwork)	15	8	—	—	—
Total	57	35	1	4	—

PART VIII OF THE ACT

Outwork

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices Served (6)	Prosecutions (7)
Wearing apparel } Making etc.	49 (3 lists)	—	—	—	—	—

Offices, Shops and Railway Premises Act, 1963

General inspections and revisits of offices and shops were carried out during the year. The following tables show the position at the year end:—

Class of Premises	Number of Premises Registered During the Year	Number of Registered Premises at the End of Year	Number of Registered Premises Receiving a General Inspection during the year
Offices	37	352	138
Retail Shops	20	532	287
Wholesale Shops and Warehouses	9	61	3
Catering Establishments open to Public—Canteens	13	223	98
Fuel Storage Depots	—	2	—
Totals	79	1,170	526

Total number of visits of all kinds by Inspectors to registered premises under the Act	1017
--	------

Analysis of Persons Employed in Registered Premises:—

Class of Workplace	Number of Persons Employed
Offices	3,982
Retail Shops	2,868
Wholesale Dept. Warehouses	1,612
Catering Establishments Open to the Public	1,543
Canteens	76
Fuel Storage Depots	22
Total:	10,103
Total Males:	4,048
Total Females:	6,055

ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions found	Section	Number of Contraventions found
4	Cleanliness —	13	Sitting facilities —
5	Overcrowding —	14	Seats (Sedentary Workers) ... —
6	Temperature 34	15	Eating facilities —
7	Ventilation 2	16	Floors, passage and stairs 15
8	Lighting —	17	Fencing exposed parts machinery 1
9	Sanitary conveniences 24	18	Protection of young persons from dangerous machinery —
10	Washing facilities 13	19	Training of young persons working at dangerous machineay —
11	Supply of drinking water ... —	23	Prohibition of heavy work —
12	Clothing accommodation ... —	24	First aid 36
			Hoists and lifts 8
			Other matters 47
			TOTAL 180

REPORTED ACCIDENTS

Workplace	No. Reported		Total No. Invest- igated	Action Recommended			
	Fatal	Non- Fatal		Prose- cution	Formal warn- ing	In- formal advice	No action
Offices	—	—	—	—	—	—	—
Retail shops	—	8	2	—	—	2	—
Wholesale shops, Ware- houses	—	36	5	—	1	4	—
Catering establishments open to public, canteens	—	3	—	—	—	—	—
Fuel storage depots ...	—	—	—	—	—	—	—
Total	—	47	7	—	1	6	—

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail shops	Whole- sale ware- houses	Catering estab- lishments open to public, canteens	Fuel storage depots
Machinery	—	—	4	1	—
Transport	—	—	1	—	—
Falls of persons	—	3	16	—	—
Stepping on or striking against object or person	—	1	1	—	—
Handling goods	—	2	6	1	—
Struck by falling object	—	1	4	—	—
Fires and explosions ...	—	—	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	—	2	2	—	—
Not otherwise specified	—	—	1	—	—

Pet Animals Act, 1951

The Chief Public Health Inspector and Deputy Chief Public Health Inspector are the appointed authorised officers for the purposes of inspection. At the end of the year 12 premises were licensed and 16 visits had been made. All the premises were found to be kept in a satisfactory condition.

Riding Establishments Act, 1964

The Chief Public Health Inspector, the Deputy Chief Public Health Inspector, Mr. P. N. Banks, B.Sc., M.R.C.V.S., and Mr. J. McFarland, M.R.C.V.S. are the appointed authorised officers for the purposes of inspection. There were no licences granted during the year.

Animal Boarding Establishments Act, 1963

The Chief Public Health Inspector and Deputy Chief Public Health Inspector are the appointed authorised officers for the purpose of inspection. Two licences were granted during the year and 5 visits were made.

Diseases of Animals Acts

The Chief Public Health Inspector is the Authorised Inspector under the Diseases of Animals Acts.

Diseases of Animals (Waste Food) Order, 1957

At the beginning of the year, 7 premises were licensed for the operation of plant and equipment and no new applications were received during the year.

Fertilisers and Feeding Stuffs Act, 1926

There were 16 samples of feeding stuffs sent for examination. The following samples were reported as 'not in accordance with the Statutory Statement':

Pedigree Dairy 16

Formal sample contained 1.2% less oil and 2% less protein.

Pigrearer

Formal sample contained 2.5% less protein.

Vita Meals Supplement Pedigree 16 Meal

Formal sample contained 1.5% less oil and 2.4% less protein. A letter of warning was sent to the manufacturer and 5 visits were made during the year.

Rag Flock and Other Filling Materials Act 1951

There was one new premise registered during the year, but none discontinued.

Details of the registered premises at the end of the year are as follows:

(a) for manufacture of bedding	1
(b) for upholstering	4

Five visits were made to these premises.

During the year 7 formal samples of filling materials were obtained and submitted to the Prescribed Analyst and all conformed with the requirements of the Act.

HOUSING

The following are details of the returns of demolition, closing and repair of houses under the Housing and Public Health Acts, made to the Ministry of Housing and Local Government:

1. *Inspection of Dwellinghouses During the Year*

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) ...	4,099
(b) Number of inspections made for the purpose	5,177
(2) (a) Number of dwellinghouses (included under sub-heading (1) above), which are inspected and recorded under the Housing Consolidated Regulations, 1925	752
(b) Number of inspections made for the purpose ...	782

2. *Houses Demolished*

In or adjoining clearance areas declared under Section 42 of the Housing Act, 1957

Houses unfit for human habitation	624
Houses on land acquired under Section 43, Housing Act, 1957	40

Not in or adjoining clearance areas

As a result of formal or informal procedure under Sections 16 or 17 of the Housing Act, 1957	19
Houses included in unfitness orders made under para 2 of the second schedule of the Land Compensation Act, 1961	Nil

3. *Unfit Houses Closed*

Under Sections 16, 17 and 35 of the Housing Act, 1957 or Section 26 of the Housing Act, 1961	Nil
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4. *Number of Persons Displaced*

From houses to be demolished in or adjoining clearance areas	1,165
From houses to be demolished not in or adjoining clearance areas	82

5. *Number of Families Displaced*

From houses to be demolished in or adjoining clearance areas	481
From houses to be demolished not in or adjoining clearance areas	30

6. *Unfit Houses Made Fit*

After informal action by Local Authority	Nil
After formal notice under Section 9 and 16 of the Housing Act, 1957	Nil
(a) By Owner	Nil
(b) By Local Authority	Nil
After formal notices under Public Health Acts	Nil

7. *Houses in which Defects were Remedied* 853

CLEARANCE OF UNFIT PROPERTIES

Programme

In October 1971 the Council resolved that 4,024 houses be represented during the 5 year period commencing January 1972.

The following is a summary of the houses represented and demolished during the years 1943 to 1972:

Year	Representations		House in Unfitness Orders	Fit Houses in Compulsory Purchase Orders	Houses Demolished							Totals
	Individual Unfit Houses	In Clearance Areas			Individual Unfit Houses	In Clearance Areas	Fit Houses in Compulsory Purchase Orders	Voluntary by Owners	Temporary (Prefabricated)	Highways C.P.O.'s	Other C.P.O.'s	
1943/59	1,032	721	—	120	927	160	8	240	—	—	—	1,335
1960	89	197	—	14	40	371	59	30	—	—	—	500
1961	18	396	—	32	79	97	18	17	217	—	—	428
1962	58	1,134	62	58	38	216	41	10	112	—	—	417
1963	21	671	—	33	35	276	15	23	1	—	—	350
1964	50	164	—	10	47	878	27	49	—	—	—	1,001
1965	82	1,048	—	52	63	786	63	21	—	—	—	983
1966	31	1,405	—	73	71	660	38	45	20	24	—	858
1967	10	1,580	—	82	27	840	55	29	—	294	40	1,285
1968	15	1,350	—	56	7	925	40	26	—	183	8	1,189
1969	8	475	—	20	7	937	59	25	—	39	7	1,074
1970	11	381	—	20	16	1,417	85	13	—	—	32	1,563
1971	5	792	—	73	5	1,117	74	14	—	—	—	1,210
1972	2	908	—	62	7	624	40	12	—	—	—	683
Totals	1,432	11,222	62	705	1,369	9,304	622	554	350	540	87	12,826

Individual Unfit Houses

There were 2 houses represented but details of ownership were not complete by the end of the year.

*Summary of Individual Unfit Houses—
Represented During the Years 1943—1972*

(a) Houses Represented:

Year	Houses Represented	Representations not accepted or deferred	Demolition Orders made	Undertakings accepted	Closing Orders made	Houses Demolished	Houses awaiting demolition
1943							
-64	1268	3(1)	1154*	31(21)	42(32)	1245	—
1965	82	—	80	—	2(2)	81	1
1966	31	—	27	—	1	30(3)	—
1967	10	—	10	—	—	10	—
1968	15	—	14	—	—	15(1)	—
1969	8	—	6	—	2	6	—
1970	11	—	8	—	3	8	—
1971	5	—	5	—	—	4	1
1972	2	—	2	—	—	—	2
Totals	1432	3	1306	31	50	1399	4

* One Demolition Order revoked.

The figures in parentheses relate to houses demolished subsequently or before Demolition Orders were made.

(b) Persons Rehoused

Year	Houses Represented	No. of Families	No. of Persons	Position as at 31st Dec., 1972		
				Persons Rehoused By Corporation	By Own Arrangement	Total No. of Persons Awaiting Rehousing
1943 to 1964	1268	1117	3136	2614	622	—
1965	82	41	104	58	46	—
1966	31	24	61	40	21	—
1967	10	5	8	7	1	—
1968	15	7	17	9	8	—
1969	8	6	15	10	5	—
1970	11	4	8	4	—	4
1971	5	1	6	—	—	6
1972	2	1	4	—	—	4

CLEARANCE AREAS AND COMPULSORY PURCHASE ORDERS

The following Clearance Areas were represented to the Housing Committee on the dates stated:—

Bardsley Compulsory Purchase Order/Clearance Areas Nos. 1-9 ...	18. 1.72
Evans Street Compulsory Purchase Order/Clearance Area	18. 1.72
Ellen Street Compulsory Purchase Order/Clearance Area No. 1 ...	15. 2.72
Beever Street Compulsory Purchase Order/Clearance Areas Nos.	
1 and 2	15. 2.72
Dove Street Compulsory Purchase Order/Clearance Area No. 1 ...	15. 2.72
Barton Street Compulsory Purchase Order/Clearance Area No. 1	15. 2.72
Westhulme Street Compulsory Purchase Order/Clearance Areas Nos.	
1 and 2	18. 4.72
Harold Street Compulsory Purchase Order/Clearance Areas Nos.	
1 and 2	18. 4.72
Hollinwood (Vine Street) Compulsory Purchase Order/Clearance	
Area	12. 6.72
Napier Street East Compulsory Purchase Order/Clearance Area ...	12. 6.72
Bower Street Compulsory Purchase Order/Clearance Area	12. 6.72
Waterworks Road Clearance Area	12. 6.72
Shaw Road No. 3 Compulsory Purchase Order/Clearance Area ...	18. 7.72
Huddersfield Road Compulsory Purchase Order/Clearance	
Areas Nos. 1-4	18. 7.72
Waterloo Street Compulsory Purchase Order/Clearance Areas Nos.	
1-9	19. 9.72
Freehold No. 1 Compulsory Purchase Order/Clearance Areas Nos.	
1-10	21.11.72
Tilton Street Compulsory Purchase Order/Clearance Area	12.12.72

Shaw Road No. 1 C.P.O.

Mr. F. Brock, A.R.I.B.A. conducted a Public Local Inquiry on the 30th November, 1971 and carried out an inspection of the properties. The Order was confirmed on the 15th May with the following modifications:

That one licensed public house be excluded from the Order.

Shaw Road No. 2 C.P.O.

Mr. F. Brock, A.R.I.B.A. conducted a Public Local Inquiry on the 4th January and carried out an inspection of the properties. The Order was confirmed on the 15th May with the following modifications:

That two properties which the Minister considered were primarily business premises and no longer retained the characteristics of houses be transferred from Part I of the Schedule to the Order of Part II of the Schedule.

Honeywell Lane C.P.O.

Mr. F. Brock, A.R.I.B.A. conducted a Public Local Inquiry on the 12th October 1971 and carried out an inspection of the properties. The Order was confirmed on the 1st February without modification.

Bower Lane C.P.O.

There were no objections to the Order and the Order was confirmed without modification on the 27th April.

Walker Street C.P.O.

There were no objections to the Order and the Order was confirmed without modification on the 24th April.

Greenacres No. 2 C.P.O.

Mr. F. Brock, A.R.I.B.A. conducted a Public Local Inquiry on the 13th June and carried out an inspection of the properties. The Order was confirmed on the 28th December with the following modifications:

That two properties which the Minister considered were not so far defective as to be unfit and two properties which were business premises be transferred from Part I of the Schedule to the Order to Part II of the Schedule. The Minister also excluded eight houses, one licensed public house and an engineering workshop.

Elizabeth Street C.P.O.

Mr. J. H. Whitfield, A.R.I.C.S. conducted a Public Local Inquiry on the 13th July and carried out an inspection of the properties. The Order was confirmed on the 15th December without modification.

Argyle Street C.P.O.

Mr. A. G. Kelly, C.Eng., F.I.Mun.E. conducted a Public Local Inquiry on the 1st November and carried out an inspection of the properties. Confirmation of the Order had not been received by the 31st December.

Evans Street C.P.O.

There were no objections to the Order and the Order was confirmed without modification on the 20th December.

Ellen Street C.P.O.

There were no objections to the Order and the Order was confirmed without modification on the 20th December.

Beever Street C.P.O.

There were no objections to the Order and the Order was confirmed without modification on the 5th December.

Waterworks Road C.A.

There were no objections to the Order and the Order was confirmed on the 12th December without modification.

CLEARANCE AREAS AND COMPULSORY PURCHASE ORDERS, 1972

	Houses	Combined Houses & Shops	Other Properties (Grey)	Total Premises	Population	No. of Families
Bardsley C.P.O.						
Clearance Area No. 1 ...	9	—	—	9	18	9
Clearance Area No. 2 ...	12	1	—	13	34	13
Clearance Area No. 3 ...	3	—	—	3	5	3
Clearance Area No. 4 ...	22	2	—	24	50	21
Clearance Area No. 5 ...	4	—	—	4	10	4
Clearance Area No. 6 ...	17	—	—	17	51	17
Clearance Area No. 7 ...	30	2	—	32	72	32
Clearance Area No. 8 ...	4	—	—	4	9	4
Clearance Area No. 9 ...	6	—	—	6	15	6
Other Properties (Grey)	3	1	2	6	12	5
Total	110	6	2	118	276	114
Evans Street C.P.O.						
Clearance Area	4	—	—	4	4	3
Other Properties (Grey)	—	—	—	—	—	—
Total	4	—	—	4	4	3
Ellen Street C.P.O.						
Clearance Area No. 1 ...	8	—	—	8	23	7
Other Properties (Grey)	—	—	1	1	—	—
Total	8	—	1	9	23	7
Beever Street C.P.O.						
Clearance Area No. 1 ...	2	—	—	2	2	2
Clearance Area No. 2 ...	5	—	—	5	8	3
Other Properties (Grey)	—	—	—	—	—	—
Total	7	—	—	7	10	5
Dove Street C.P.O.						
Clearance Area No. 1 ...	14	—	—	14	29	12
Other Properties (Grey)	—	—	—	—	—	—
Total	14	—	—	14	29	12
Barton Street C.P.O.						
Clearance Area No. 1 ...	17	1	—	18	37	17
Other Properties (Grey)	—	—	1	1	—	—
Total	17	1	1	19	37	17
Westhulme Street C.P.O.						
Clearance Area No. 1 ...	24	—	—	24	39	20
Clearance Area No. 2 ...	7	—	—	7	14	6
Other Properties (Grey)	1	—	1	2	2	1
Total	32	—	1	33	55	27
Harold Street C.P.O.						
Clearance Area No. 1 ...	1	1	—	2	4	2
Clearance Area No. 2 ...	31	2	—	33	55	33
Other Properties (Grey)	—	—	1	1	2	1
Total	32	3	1	36	61	36
Hollinwood (Vine St.) C.P.O.						
Clearance Area	86	—	—	86	194	84
Other Properties (Grey)	—	—	2	2	—	—
Total	86	—	2	88	194	84
Napier Street East C.P.O.						
Clearance Area	15	—	—	15	42	13
Other Properties (Grey)	—	—	—	—	—	—
Total	15	—	—	15	42	13

CLEARANCE AREAS AND COMPULSORY PURCHASE ORDERS, 1972

	Houses	Combined Houses & Shops	Other Properties (Grey)	Total Premises	Population	No. of Families
Bower Street C.P.O.						
Clearance Area	8	—	—	8	10	5
Other Properties (Grey)	1	—	—	1	2	1
Total	9	—	—	9	12	6
Waterworks Road C. A.	7	—	—	7	11	7
Total	7	—	—	7	11	7
Shaw Road No. 3 C.P.O.						
Clearance Area	3	1	—	4	5	3
Other Properties (Grey)	—	—	—	—	—	—
Total	3	1	—	4	5	3
Huddersfield Road C.P.O.						
Clearance Area No. 1 ...	42	5	—	47	77	42
Clearance Area No. 2 ...	7	—	—	7	11	8
Clearance Area No. 3 ...	1	2	—	3	7	3
Clearance Area No. 4 ...	—	5	—	5	2	1
Other Properties (Grey)	2	4	13	19	23	9
Total	52	16	13	81	120	63
Waterloo Street C.P.O.						
Clearance Area No. 1 ...	2	—	—	2	—	—
Clearance Area No. 2 ...	8	—	—	8	6	4
Clearance Area No. 3 ...	2	—	—	2	13	13
Clearance Area No. 4 ...	3	—	—	3	4	3
Clearance Area No. 5 ...	167	14	—	181	555	228
Clearance Area No. 6 ...	5	—	—	5	11	4
Clearance Area No. 7 ...	1	2	—	3	8	2
Clearance Area No. 8 ...	7	—	—	7	19	7
Clearance Area No. 9 ...	7	—	—	7	22	10
Other Properties (Grey)	21	6	20	47	74	32
Total	223	22	20	265	712	303
Freehold No. 1 C.P.O.						
Clearance Area No. 1 ...	10	—	—	10	16	10
Clearance Area No. 2 ...	17	4	—	21	42	17
Clearance Area No. 3 ...	7	—	—	7	13	6
Clearance Area No. 4 ...	4	—	—	4	17	10
Clearance Area No. 5 ...	111	2	1	114	291	109
Clearance Area No. 6 ...	50	2	—	52	145	57
Clearance Area No. 7 ...	3	—	—	3	7	3
Clearance Area No. 8 ...	3	—	—	3	12	3
Clearance Area No. 9 ...	34	1	—	35	89	34
Clearance Area No. 10 ...	3	—	—	3	4	3
Other Properties (Grey)	12	1	4	17	27	13
Total	254	10	5	269	663	265
Tilton Street C.P.O.						
Clearance Area	27	—	—	27	60	16
Other Properties (Grey)	—	—	—	—	—	—
Total	27	—	—	27	60	16

TABLE 1—COMPULSORY PURCHASE ORDERS AND CLEARANCE ORDERS

Date of Representation	Compulsory Purchase Orders and Clearance Orders	Acres	Type of Premises to be Demolished						Date of Department or Environment Inquiry	Date of Confirmation of Order	Properties excluded as a result of Inquiry	Position as at 31st December, 1972		Total No. of Houses awaiting Demolition	
			Houses	Combined Houses and Shops	Other Premises	Total Premises	Population	No. of Families				Rehoused Persons	Total No. of Persons awaiting re-housing		Houses Demolished
By Corporation	By Own Arrangement														
21-6-66	West Street No. 2 C.P.O.	6.42	157	13	9	179	423	152	4- 4-67	7- 6-67	237	183	3	162	4
18-10-66	Hawksley St. C.P.O. No. 2	11.48	295	40	17	352	814	288	25- 7-67	19- 1-68	602	177	35	317	23
20-12-66	Morton Street C.P.O.	5.76	122	16	12	150	351	129	8-11-67	31- 1-68	210	135	6	132	9
20-12-66	West Street C.P.O. No. 5	2.31	58	8	9	75	153	71	4-10-67	5- 1-68	95	58	—	68	—
18-4-67	Bank Top C.P.O.	18.53	371	45	44	460	989	464	6- 2-68	30- 5 68	544	408	17	414	4
19-9-67	Eldon Street No. 2 C.P.O.	12.50	355	31	10	396	1004	396	10- 7-68	10-10-68	717	268	19	377	9
19-12-67	Waterhead No. 1 C.P.O.	8.64	179	16	15	210	351	170	20-11-68	11- 3-69	205	140	6	169	11
18-6-68	St. Mary's No. 15 (Egerton Street) C.P.O.	0.33	8	1	2	11	20	8	25- 3-69	20- 5-69	8	12	—	10	—
17-9-68	Glodwick No. 2 C.P.O.	16.3	464	20	27	511	1122	482	14-10-69	2- 1-70	644	476	2	485	3
19-11-68	West Street No. 7 C.P.O.	1.83	43	—	5	48	77	40	8-10-69	27-11-69	41	30	6	43	1
19-11-68	Waterhead No. 3 C.P.O.	4.8	97	11	11	119	214	96	26- 8-69	24- 3-70	120	69	25	89	24
18-11-69	Coldhurst No. 2 (Beimont Street) C.P.O.	20.03	462	20	16	498	1165	530	29- 9-70	22- 3-71	689	314	162	354	129
16-12-69	Wrigley's Place Clearance Area	0.131	3	—	—	3	7	3	†	3- 8-70	7	—	—	3	—
20- 1-70	Dalton Street C.P.O.	0.49	9	3	3	15	13	8	†	13-10-70	8	5	—	12	—
17- 2-70	Robson Street C.P.O.	1.4	54	1	3	58	140	62	3-11-70	15- 4-71	56	73	11	49	7
17- 3-70	Kirkbank Street C.P.O.	0.22	10	—	—	10	11	6	†	28- 8-70	7	4	—	10	—
17- 3-70	St. Mary's (Shaw Road) C.P.O.	0.16	5	1	—	6	3	2	†	6-11-70	1	2	—	6	—
21- 4-70	Byron Street C.P.O.	0.64	15	—	2	17	27	13	†	27-10-70	13	—	14	—	15
21- 4-70	Ash Street Clearance Area	0.54	32	—	—	32	62	28	†	8-10-70	43	19	—	32	—
16- 6-70	Coldhurst No. 3 (Barker Street) C.P.O.	6.24	182	23	9	214	476	217	23- 3-71	24- 6-71	280	21	175	28	179
16- 6-70	Wedhurst Street C.P.O.	0.61	23	1	—	24	58	24	†	16-10-70	51	7	—	24	—
16- 6-70	Moorby Street C.P.O.	0.2	11	—	—	11	10	6	†	16-12-70	1	9	—	8	3
20-10-70	Roundthorn Road C.P.O.	0.14	5	—	—	5	5	2	†	5- 5-71	1	4	—	5	—
17-11-70	Prospect Road C.P.O.	0.68	22	1	—	23	40	20	13- 7-71	7- 9-71	19	21	—	23	—
16-2-71	Shaw Road No. 1 C.P.O.	5.17	132	13	7	152	342	143	30-11-71	15- 5-72	84	—	258	—	148

TABLE I—COMPULSORY PURCHASE ORDERS AND CLEARANCE ORDERS—Continued

16-2-71	Shaw Road No. 2 C.P.O.	11.822	265	26	31	322	691	308	4- 1-72	15- 5-72	—	94	—	597	—	300
16-3-71	Honeywell Lane C.P.O.	0.43	16	1	—	17	43	16	12-10-71	1- 2-72	—	31	—	—	17	—
16-3-71	Victor Street C.P.O.	0.08	5	—	—	5	7	3	†	5-10-71	—	3	—	4	—	5
20-7-71	Bower Lane C.P.O.	0.14	2	1	1	4	7	3	†	27- 4-72	—	4	—	3	—	4
20-7-71	Walker Street C.P.O.	1.55	36	1	—	37	59	33	†	12- 4-72	—	42	—	17	—	37
20-7-71	Henshaw Street No. 6 C.P.O.	0.04	3	—	—	3	8	4	†	2-12-71	—	3	—	5	—	3
20-7-71	Greenacres No. 2 C.P.O.	10.32	241	25	38	304	522	248	13- 6-72	28-12-72	—	18	—	504	—	286
21-9-71	Elizabeth Street C.P.O.	1.24	35	3	3	41	71	40	13- 7-72	15-12-72	—	2	—	69	—	40
16-11-71	Argyle Street C.P.O.	2.247	48	4	4	56	110	44	1-11-72	†	—	8	—	102	—	54
18- 1-72	Bardsley C.P.O.	4.72	110	6	2	118	276	114	**	†	—	—	—	—	—	—
18- 1-72	Evans Street C.P.O.	0.11	4	—	—	4	4	3	†	20-12-72	—	—	—	4	—	4
15- 2-72	Ellen Street C.P.O.	0.42	8	—	1	9	23	7	†	20-12-72	—	—	—	23	—	8
15- 2-72	Beever Street C.P.O.	0.25	7	—	—	7	10	5	†	5-12-72	—	3	—	7	—	7
15- 2-72	Dove Street C.P.O.	0.38	14	—	—	14	29	12	**	†	—	—	—	—	—	—
15- 2-72	Barton Street C.P.O.	0.47	17	1	1	19	37	17	**	†	—	—	—	—	—	—
18- 4-72	Westhulme Street C.P.O.	1.11	32	—	1	33	55	27	**	†	—	—	—	—	—	—
18- 4-72	Harold Street C.P.O.	1.12	32	3	1	36	61	36	**	†	—	—	—	—	—	—
12- 6-72	Hollinwood (Vine Street) C.P.O.	3.07	86	—	2	88	194	84	**	†	—	—	—	—	—	—
12- 6-72	Napier Street East C.P.O.	0.29	15	—	—	15	42	13	**	†	—	—	—	—	—	—
12- 6-72	Bower Street C.P.O.	0.21	9	—	—	9	12	6	**	†	—	—	—	—	—	—
12- 6-72	Waterworks Road	0.16	7	—	—	7	11	7	†	12-12-72	—	—	—	11	—	7
18- 7-72	Shaw Road No. 3 C.P.O.	0.11	3	1	—	4	5	3	**	†	—	—	—	—	—	—
18- 7-72	Huddersfield Road C.P.O.	2.55	52	16	13	81	120	63	**	†	—	—	—	—	—	—
19- 9-72	Waterloo Street C.P.O.	8.7	223	22	20	265	712	303	**	†	—	—	—	—	—	—
21-11-72	Freehold No. 1 C.P.O.	7.9	254	10	5	269	663	265	**	†	—	—	—	—	—	—
12-12-72	Tilton Street C.P.O.	0.84	27	—	—	27	60	16	**	†	—	—	—	—	—	—

† No objections to the Order.

‡ Awaiting confirmation.

** Date for inquiry not yet fixed.

Voluntary Demolition and Closure of Properties

Information was received of the demolition by voluntary action of 12 houses included in the slum clearance programme.

During the year the owners of 5 unfit properties gave undertakings to close the premises after the occupants had been rehoused, and 5 families were rehoused during the year from these properties. Since 1957, 414 houses have been voluntarily closed as a result of undertakings received from owners.

Housing Act, 1969

Improvement/Standard/Special Grants

Standard and full Improvement Grants, particularly the latter continued to play a most important part in the uplifting of the existing housing stock in the Borough and applications and enquiries proceeded at a steady rate. In March Oldham was declared an Intermediate Area and the grants were increased from 50% to 75% subject to a maximum of £1,500 in the case of Improvement Grants and £300 in relation to the Standard Grants.

Publicity via the local press and posters etc. resulted in a marked increase by approximately 300% in the number of applications that were received but it should be remembered that this increase is only for a limited period and will revert back to the original 50% grant in June 1974.

Improvement to the full twelve point standard continued to show the most increase and this is encouraging because it allows for houses to be modernised and renovated to a very high standard.

During the year the following works were effected to properties the subject of grant:—

<i>Item of Repair</i>	<i>Completion Totals</i>
Roofs repaired	144
Verge and ridge tiles repaired	6
Walls and chimneys repaired	498
Set pot chimney/flue removed	18
Sills and lintels renewed	40
Wall plaster renewed	345
Ceilings repaired/renewed	97
Floors relaid or repaired	88
Windows repaired/altered	179
Sliding sash windows renewed	105
Staircase repaired	9
Gates and doors repaired/renewed	158
Rising dampness	262
Penetrating dampness	151
Outbuildings repaired/abolished	14
Water closet/coalstore rebuilt	5
Channel tiles	18
Eavesgutters repaired	37
Rainwater pipe renewed	20
Sink waste renewed	4
Waste water closets converted or abolished	63
Drains altered	2
Yard surface relaid	58

<i>Item of Repair</i>	<i>Completion Totals</i>
Miscellaneous repairs (including skirting boards, skylights, vestibules, etc.)	164
Sinks renewed	4
Fuel store provided	3
Damp proof course provided	42
Dry rot renovation	2
New bathroom/kitchen extension	5
Central heating provided	12
Conversion into flats	4
Fill in pantry	18
Fireplace repairs/removed	64
Separate water supply	4
Lights/power points fitted	63
Electrical rewiring	4

In August the Freehold Phase I General Improvement Area was declared and arrangements have been made to hold a series of public meetings with the residents in this area in the New Year. The scheme is an ambitious one in that 252 of the older properties have been the subject of formal representation under the Housing Acts and will be cleared as part of the environmental improvements to the area.

A house has already been improved and opened for public viewing in the area by a private building contractor. Attendance over the two week period was exceptionally high.

During the year 544 Standard and 413 Improvement Grant applications were received and 413 and 148 were approved respectively. The grants made were Standard £54,598.62, Improvement £27,141.88 and Special £155. Since the commencement of these schemes, grants totalling £653,162.00 have been made.

Housing Act, 1969/Housing Finance Act, 1972 Qualification Certificates

Part III of the Housing Finance Act 1972 superseded Part III of the 1969 Act in August and effected certain changes in the procedures for the conversion from controlled to regulated tenancies.

During the year 43 applications were received for Qualification Certificates and 25 were granted.

Contravention of Section 93 of the Public Health Act 1936

Legal proceedings were instituted against the landlord of two properties for failing to comply with nuisance abatement notices. An order was made that work be carried out within three months.

Houses in Multiple Occupation

The scheme for the registration of houses in multiple occupation in Oldham has now been in operation for almost 2 years. At the end of the year 182 houses were known to the Department as having been used for multiple occupation.

The following table shows the position with regard to these houses:—

Houses registered in accordance with the scheme	36
Houses, the occupation of which is below the limits requiring registration	76
Houses vacant or reverted to single family occupation	28
Houses included in Clearance or Compulsory Purchase Areas (not yet demolished)	21
Houses not yet inspected	21

As a result of the inspections carried out the following action has been taken:—

Management orders made under Section 12 of the Housing Act 1961	13
Notices to provide extra facilities under Section 15 of the Housing Act 1961	5
Informal letters to owners to provide extra facilities	23
Directions to reduce overcrowding under Section 19 of the Housing Act 1961	13

Contravention of Section 19(10) of the Housing Act 1961

Legal proceedings were instituted against the owner of a house in multiple occupation which was overcrowded. The defendant was fined £20 plus £3 costs.

Legal proceedings were instituted against the owner of a house in multiple occupation which was overcrowded. The defendant was fined £100 plus £10 costs.

Common Lodging Houses

There are no common lodging houses in the borough.

Disinfestation

During the year 302 treatments were carried out at 237 premises using insecticide sprays and powders for the following infestations:—

Bed Bugs	8
Fleas	23
Cockroaches	117
Others	89

Inspections for vermin infestation were carried out at 838 houses prior to removal to Corporation houses. In no instance was any house found to be infested, but 8 precautionary sprayings were carried out.

During the summer months several complaints were received of fly breeding at the Corporation's refuse tip at Honeywell Lane. This nuisance was brought under control by regularly dusting the tip faces with gammexane powder.

Treatments with chlordane powder have been carried out in the sewer system of the St. Mary's I housing estate, where a small but persistent infestation of cockroaches was discovered. This is unusual in that it is one of the first recorded instances, in Britain, of cockroaches living in sewers, although it is common in the United States and Southern Africa. It is thought that the underground pipes of the district heating system have created tropical conditions in what would normally be a hostile environment for cockroaches.

Of note is the number of infestations of fleas reported, these have been increasing in numbers over the last few years. In the majority of cases these have been found to be cat fleas. Of particular significance is the fact that very few of the houses infested had a vacuum cleaner.

Disinfection

Arrangements exist for the disinfection and destruction of articles, clothing and bedding. There were 19 houses disinfected.

Anthrax

At the end of the year a case of anthrax at the Oldham & District General Hospital necessitated the involvement of the Department in terminal disinfection. Formaldehyde vapour was used in the ward, theatres, pathological laboratory and intensive care unit, and some valuable equipment had to be destroyed. The patient died and the anthrax diagnosis was confirmed but fortunately no further case occurred. The infection was considered to have been contracted on a recent visit to the Middle East. There was close liaison between this Department and the hospital, and the work proceeded smoothly throughout.

Housing Applications Register

I am indebted to Mr. T. W. Pickering, Housing Manager, for the following information:—

“On the 31st December, there were 3,180 applications for housing accommodation on the Housing Applications Register.”

INSPECTION AND SUPERVISION OF FOODS

Milk Supply

The Milk (Special Designation) (Amendment) Regulations which came into operation in 1965 require that the special designations which may be used in relation to milk are:—

‘Pasteurised’ ‘Sterilised’ ‘Ultra Heat Treated’ ‘Untreated’

The Milk and Dairies (General) Regulations, 1959

The Milk (Special Designation) Regulations, 1963

At the beginning of the year there were 8 distributors producing milk in the Borough and 17 distributor producers outside the Borough.

On the 31st December there were 503 registered distributors of milk, comprised as follows:—

Distributors producing milk in the borough	8
Distributors with dairy premises in the borough	—
Other distributors	49
Shops at which bottled milk is sold	446

The following licences were in force on the 31st December:—

(a) To use the designation "Untreated"	
*Producer's Licence	8
Dealer's Licence	24
(b) To use the designation "Pasteurised"	
Dealer's (Pasteuriser's) Licence	—
Dealer's Licence	121
(c) To use the designation "Sterilised"	
Dealer's (Steriliser's) Licence	—
Dealer's Licence	481
(d) To use the designation "Ultra Heat Treated"	
Dealer's Licence	376

*These licences are granted by the Ministry of Agriculture, Fisheries and Food.

Milk Samples for Methylene Blue Test

Class of Milk Samples	No. of Samples Taken	Methylene Blue Test	
		Passed	Failed
Pasteurised	65	63	2
Untreated	51	50	1
Totals	116	113	3

The Divisional Milk Officer was informed of the samples which failed the Methylene Blue Test.

Milk Samples for Phosphatase Test

Regular samples are taken of pasteurised milk which comes into the borough and during the year 65 samples were taken and all passed the phosphatase test.

Milk Samples for Turbidity Test

There were 7 samples of sterilised milk taken during the year and all were reported to be satisfactory.

Milk Samples Tested for Brucella Abortus

There were 51 samples of untreated milk taken during the year and a further 43 follow up samples were taken after evidence of Brucella infection had been established. The initial examination is known as the Milk Ring

Test which is not definitive but is a useful screening test in the search for evidence of Brucella infection in milk. A positive reaction is shown as one, two or three rings depending upon the extent of infection in the sample, but it is not conclusive until a sample is examined by culture or biological tests. The following table details the results of the samples:—

Samples	Result of Milk Ring Test					Number of samples proved positive		Total
	+++	++	+	—	Nil	By Direct Culture	By Biological Tests	
Original	—	1	—	1	46	3	—	51
Individual Cow Samples	—	—	—	6	34	3	—	43

Details of samples showing evidence of brucella infection are given in the following table together with the action taken:

Prog. No.	Date of Laboratory Reports	Organisms isolated by direct culture	Organisms isolated by Biological Tests	Evidence of Infection by M.R.T.	Date of Notice served to Heat Treat Milk	Action Taken
1	26.2.72	Yes	—	Yes	1.3.72	Three cows sent for slaughter. Heat Treatment Order withdrawn.
2	15.6.72	Yes	—	Yes	16.6.72	Two cows sent for slaughter. Heat Treatment Order withdrawn.
3	30.10.72	Yes	—	Yes	31.10.72	Three cows sent for slaughter. Heat Treatment Order withdrawn.

Contravention of Regulation 39 of the Milk and Dairies (General) Regulation 1959

Legal proceedings were instituted against a milk distributor for failing to display his name and address on the milk delivery vehicle. The defendant was fined £2.

ICE CREAM

The control over the manufacture and sale of ice cream was maintained and visits were made to registered premises.

Details of the premises registered are as follows:—

- (a) For manufacture and sale of ice cream 3
- (b) For sale of pre-packed ice cream 212
- (c) For sale of loose and pre-packed ice cream 4

Ice Cream (Heat Treatment, etc.) Regulations, 1959 and 1963

There are 3 ice cream manufacturers in the Borough. All comply with the requirements of the Regulations and are fully alive to the importance of producing a product which is prepared and stored under strictly hygienic conditions.

Bacteriological Examination

There is no statutory bacteriological standard of cleanliness for ice cream but a methylene blue test has been adapted and the results classified in one of four grades.

There were 24 samples of ice cream submitted for the methylene blue grading test with the following results:—

Grade I	8
Grade II	8
Grade III	1
Grade IV	7

In the case of Grade III and Grade IV samples the attention of the manufacturers was drawn to the result of the tests and advice given on what action to take.

LIQUID EGG PASTEURISATION REGULATIONS, 1963

During the year 18 samples of pasteurised whole egg were taken under the provisions of the above Regulations and all satisfied the Alpha Amylase test. In addition 2 samples of egg yolk and 213 samples of egg white were submitted for bacteriological examination and all were reported free from organisms of typhoid or salmonella groups.

Considerable quantities of egg white were imported at frequent and regular intervals from Europe, mainly from Holland, but one consignment came from West Germany. This material had been pasteurised and frozen in the countries of origin, but having been brought in containerised transport, had not been sampled at the port of entry, a considerable number of samples of egg white were therefore taken by this authority.

The breaking and separating of shell egg was resumed on a limited basis, but the bulk of egg handled at these premises is derived from outside sources.

Cleansing of Common Water Supply Pipes

During the year 91 water samples were taken for chemical analysis following the cleansing of common water supply pipes. In several cases additional treatment was necessary, in each case follow up samples proved the water to be satisfactory.

Swimming Baths

During the year 70 bacteriological samples were taken from public swimming baths. In the case of 16 unsatisfactory samples adjustment of the water treatment was carried out at the baths concerned and further samples proved to be satisfactory.

Hairdressers and Barbers

The County Borough of Oldham Byelaws came into operation on the 1st April 1972 and a survey of these establishments was carried out. The attention of the proprietors was drawn to the existence of unsatisfactory conditions but the majority complied with the Byelaws.

MEAT INSPECTION*Slaughterhouses*

The private slaughterhouse in the borough is one of the few in the Country which is approved for the export of carcasses to the Continent. The policy of the Department in respect of all food preparing and retailing premises is to continuously press for the raising of hygienic standards. The slaughterhouse is no exception to this and further improvements have been carried out.

One of the most outstanding is the lining of the chill rooms with a white, washable, durable polypropylene material. The increase in throughput has resulted in some congestion when carcasses were being weighed, and the installation of auxiliary loops in the railage system has successfully overcome this problem.

Other work which is already in progress includes the resurfacing of the entire yard area and the diversion of the loading bay to a point further removed from the waste collecting area. Projected improvement involves the acquisition of land at the front of the slaughterhouse which will improve vehicle handling, loading and eliminate the entry of vehicles into the slaughterhouse yard. Routine maintenance is regularly carried out and painting, cleaning and washing down is a regular feature. Although these premises are not new, the achievements reflect the resourcefulness and ability of the Public Health Department and the willingness of the proprietor to improve and raise the hygiene standards. As could be expected, the improvements have facilitated routine cleaning, and appreciation of this by the slaughterhouse staff is a further inducement to improve hygiene. All animals are inspected and the contents of all container vehicles are also inspected.

The licence has been renewed for a further period of 12 months, and the following table shows the number of animals killed and the diseased conditions encountered.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Number killed	166	2,665	6	18,825	—	21,662
Number inspected	166	2,665	6	18,825	—	21,662
<i>All Diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses con- demned	1	9	—	121	—	130
Carcases of which some part or organ was condemned	6	800	—	2,696	—	3,502
Percentage of the number inspected affected with disease other than Tuberculosis and Cysti- cerci	4.2	30.4	—	14.9	—	—
<i>Tuberculosis only</i>						
Whole carcasses con- demned	—	—	—	—	—	—
Carcases of which some part or organ was con- demned	—	—	—	—	—	—
Percentage of the number inspected affected with Tuberculosis	—	—	—	—	—	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was con- demned	—	—	—	—	—	—
Carcases submitted to treatment by refrigera- tion	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following figures show the percentage of cows
affected with tuberculosis for the years 1953-1972

	Cow carcasses Examined	Percentage affected with Tuberculosis
1953	4,024	32.50
1954	2,647	27.37
1955	2,289	24.79
1956	1,058	19.47
1957	933	8.14
1958	807	11.58

1959	645	10.85
1960	764	6.28
1961	735	0.68
1962	1,388	1.01
1963	1,305	0.23
1964	1,067	0.84
1965	589	0.17
1966	971	—
1967	797	—
1968	1,109	—
1969	794	—
1970	1,491	—
1971	1,049	—
1972	2,665	—

The total weight of meat and offal destroyed was:—

For tuberculosis	790 lbs.
For diseases other than tuberculosis	25,053½ lbs.

Summary of Diseased and Unsound Food Destroyed During 1972

	lb.
Cattle (10 whole carcasses)	4,926
(713 part carcasses)	11,784
Sheep (122 whole carcasses)	3,206
(2,796 part carcasses)	5,927½
Preserved Food	17,029½
Frozen Food	2,470½
Fish	3,514
Chicken	959
Beef, Rabbit, Pork and Lamb	1,165½
Rice	505½
Sausage	165
Turkey	44½
Bacon	74
Cheese	260
Whole Peppers	186
Lard	28
Ice Cream	10
Potato Powder	80
Cauliflower	20
Sugar	4
Sage	1
Total	52,350¼ lbs.

Slaughter of Animals Acts, 1933-1954

Six renewal licences were granted during the year.

Poultry Inspection

There are no poultry processing premises in operation in the borough.

Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations, 1966

During the year continued attention has been given to the Local Markets in relation to the above Regulations and all the stalls in the Victoria Market Hall comply with the Regulations.

With regard to Tommyfield Market, whilst individual stalls will obviously require repairs and redecoration from time to time, they all basically comply at present.

There were 361 visits made during the year to stalls and markets.

Contraventions of the Food Hygiene (Stalls, Markets and Delivery Vehicles) Regulations 1966

Legal proceedings were instituted against a person for contraventions of Regulations 7 and 9 whilst transporting and delivering meat to a butcher's shop. The defendant was fined £10 plus £5 costs.

FOOD AND DRUGS ACT, 1955

Food Hygiene

The public health inspectors during their visits to food premises take every opportunity of talking to management and employees to emphasise the importance of the clean handling of food and the hygiene of premises. This impromptu education is most valuable, and such on site conversations must form the basis of this type of health education work. In order to be of further assistance and to encourage food trade staffs to obtain qualifications in food hygiene, a course of lectures has been arranged at Oldham Further Education Centre. This will enable all students to enter for the Certificate in Food Hygiene and Handling of Food offered by the Royal Institute of Public Health and Hygiene.

There has been an excellent response, and an overflow of students who could not be accommodated this time will receive priority when the next class is held. Candidates who successfully complete the course and pass the examination can progress to more advanced specialised courses. If the numbers are sufficient the holding of such courses can be further considered. There is no doubt that this work forms a valuable contribution to food hygiene.

The routine visiting of food premises to ensure the maintenance of hygiene is a continuous, never ending task. The need for hygiene and cleanliness is not something which mainly affects older premises, new premises can rapidly become unhygienic. By inspecting plans of new premises it is possible to ensure that they are satisfactory from both design and layout aspects.

The crux of good food hygiene is the attitude of staff and management towards this most important of health subjects. Careless food handling is often synonymous with unsatisfactory premises. Any action that can be taken to improve food hygiene whether it be talks, lectures, visits and resultant action forms a valuable contribution to public health.

Classi- fication	Type of Premises	Total	No. satis- fying Reg. 16	No. to which Reg. 19 applies	No. satis- fying Reg. 19
1	Grocery Shops (Retail) ...	238	Most	All	All
2	Grocery Premises (Whole- sale)	6	All	"	"
3	Greengrocery and Wet Fish Shops	104	"	"	"
4	Butchers' Premises	111	"	"	"
5	Fried Fish Shops	77	"	"	"
6	Cafes and Restaurants (in- cluding Canteens)	117	"	"	"
7	Confectioners' Shops only	23	"	"	"
8	Bakehouses with or with- out Confectioners' Shops attached	72	"	"	"
9	Sweet Shops	95	"	"	"
10	Licensed Premises	191	"	"	"
11	Ice Cream Factories	3	"	"	"

The visits made for the purposes of inspection and supervision of food premises totalled 2,575. The following improvements were effected:—

Walls redecorated	23
Ceilings redecorated	16
New floor installed	5
New floor coverings laid	15
Additional sinks installed	6
Wash-hand basin fitted	12
Hot water provided to wash-hand basin	19
New water closets installed	6
New lighting installed	7
Ventilation improved	11
Old equipment removed	7
Storage racks provided	6
New preparation tables	16

Bakehouses

There are 72 bakehouses in the borough, the majority of which satisfy the statutory requirements. The attention of certain proprietors was drawn to the existence of unsatisfactory conditions, and the defects were remedied without recourse to further action.

One basement bakehouse remains in use, the Council having renewed the certificates permitting this for a further period of 5 years from 8th December, 1969.

There were 248 visits made to bakehouses.

During the year 432 faeces specimens from employees of a large local multiple bakery were submitted for analysis. Salmonella organisms were isolated in two cases and the necessary action was taken.

Contraventions of the Food Hygiene (General) Regulations, 1960

<i>Type of Food Premises</i>	<i>Proceedings Taken Under</i>	<i>Result</i>
1 Cooked Meat Shop	Part 3	Shop assistant fined £5.
2 Butchers	Part 3	Proprietor fined £20 plus £5 costs.
3 Fish and Chip Shop	Part 3	Proprietor Fined £10.
4 Meat delivery vehicle	Part 3	Person fined £10.

Contamination of Food

Details of food adulteration or other irregularity, together with the action taken are shown in the following table.

<i>Article</i>	<i>Adulteration or other Irregularity</i>	<i>Action Taken</i>
Steak and Kidney Pie	Contained an earwig	Manufacturer fined £50 plus £29.90 costs
'Take Home' meal	Contained a spider	Manufacturer fined £5 plus £3 costs
Steak and Kidney Pie	Contained a hair	Manufacturer fined £15 plus £26.30 costs
Packet of Potato Crisps	Contained cockroaches	Proprietor fined £10 plus £5 costs
Bread	Mouldy	Manufacturer fined £20 plus £11.50 costs
Bottle of Milk	Contained milk skin and grit	Manufacturer fined £40 plus £10 costs
Hamburger	Contained a hair	Manufacturer fined £10 plus £6 costs
Bottle of Milk	Contained soil and cement	Manufacturer fined £50 Plus £26 costs
Bottle of Milk	Contained larvae of fly	Manufacturer fined £75 plus £10 costs
Bread	Contained a fly	Manufacturer fined £10 plus £17.05 costs
Tinned Stewed Steak	Not of quality demanded and contained misleading label	Manufacturer fined £100 plus £37 costs
Portion of Fish and Chips	Contained a moth	Manufacturer fined £40 plus £37.05 costs
Meat Pastie	Mouldy	Manufacturer fined £25 plus £10 costs
Minced Meat	Unfit for human consumption	Manufacturer fined £5 plus £21.50 costs
Pork Sausages	Deficient in meat	Case dismissed by magistrates
Pork Sausages	Deficient in meat	Warning letter sent to manufacturer
Pork Sausages	Deficient in meat	Warning letter sent to supplier

<i>Article</i>	<i>Adulteration or other Irregularity</i>	<i>Action Taken</i>
Date and Walnut Cake	Mouldy	Manufacturer cautioned
Barm Cakes	Mouldy	Warning letter sent to manufacturer
Bread	Contained grease and iron	Warning letter sent to manufacturer
Cream Cake	Contained a piece of string	Warning letter sent to manufacturer
Pork Sausages	Deficient in meat	Legal proceedings insti- tuted but dismissed by magistrates
Steak Pudding, Chips and Peas	Contained a piece of chalk	Manufacturer cautioned
Sausages	Contained animal hide and skin	Manufacturer cautioned
Tinned Creamed Rice Pudding	Contained gritty material	Taken-up with manufacturer
Tinned Bilberries	Contained an insect	Taken-up with manufacturer
Ham and Salad Sandwich	Contained vegetable cellular matter	Taken-up with manufacturer
Tinned Grapefruit	Metallic smell/taste	Taken-up with importers
Rhubarb Pie	Contained a snail	Taken-up with manufacturer
Corned Beef	Unpleasant smell	Taken-up with manufacturer
Tinned Fruit Salad	Contained a fruit fly	Taken-up with importers
Minced Beef with Onions	Contained a piece of wire	Taken-up with manufacturer
Syrup of Glycerophosphate	Contained deposit of calcium phosphate	Stock withdrawn from sale
Jam Cake	Contained insect	Taken-up with manufacturer
Meat and Potato Pie	Mouldy	Manufacturer cautioned
Baked Beans in Tomato Sauce	Mouldy	Taken-up with manufacturer

<i>Article</i>	<i>Adulteration or other Irregularity</i>	<i>Action Taken</i>
Block of Ice Cream	Contained fibres	Taken-up with manufacturer
Tinned Butter Beans	Contained an insect	Taken-up with manufacturer
Biscuits	Contained a fibre	Manufacturer cautioned
Bacon	Contained mice droppings	Taken-up with vendor
Chocolate Walnut Cake	Contained an insect	Manufacturer cautioned
Tinned Steak Mince	Contained a piece of hide	Manufacturer cautioned
Tinned Peas	Contents discoloured and mushy	Taken-up with manufacturer
Pork Sausages	Excessive in fat content	Manufacturer cautioned
Tinned Soup	Contents discoloured	Taken-up with manufacturer
Tinned Casserole Lamb and Peas	Tins blown	Stock withdrawn from sale
Meat and Potato Pie	Sour	Retailer cautioned
Frozen Chicken	Contained fly larvae	Taken-up with manufacturer
Bottle of Milk	Contained blackish specks	Manufacturer cautioned
Bottle of Milk	Contained piece of brown paper	Manufacturer cautioned
Bottled Jam	Contained a piece of glass	Taken-up with importers
Bottled Lemonade	Mouldy	Manufacturer cautioned
Tinned Pears	Contained a wasp	Taken-up with importers
Packet of Cereal	Contained an earwig	Manufacturer cautioned
Cheese Sandwich Biscuit	Contained machinery grease and oil	Taken-up with manufacturer
Demerara Sugar	Contained a bristle	Taken-up with manufacturer
Corn Flakes	Contained a cigarette stub	Manufacturer cautioned

FOOD AND DRUGS ACT, 1955

The total number of samples analysed during 1972 was 311 compared with 290 for 1971.

Number of Samples Purchased for Analysis

Articles	Number of Samples of each article examined			Number of samples of each article regarded as adulterated, below standard, or otherwise not complying with prescribed requirements		
	Form-ally Taken	Inform-ally Taken	Total	Form-ally Taken	Inform-ally Taken	Total
Sausage/Sausage Meat	12	33	45	5	15	20
Milk	30	5	35	—	4	4
Soft Drinks/Fruit Juice	—	25	25	—	4	4
Flour Confectionery	—	23	23	—	3	3
Tinned Meat Products	—	19	19	—	6	6
Ice Cream/Ice Cream Powder	11	5	16	—	—	—
Meat Pies	—	13	13	—	2	2
Tinned Fruit/Vegetables ...	—	10	10	—	1	1
Drugs/Medicines	—	9	9	—	1	1
Spirits	8	1	9	—	—	—
Tinned Fish	—	8	8	—	1	1
Bread	—	8	8	—	6	6
Butter/Margarine	—	8	8	—	1	1
Fish, Fish Spread, etc.	—	8	8	—	2	2
Food Flavouring/Colourings	—	8	8	—	—	—
Sweets	—	5	5	—	4	4
Jam/Marmalade	—	4	4	—	—	—
Hamburgers	—	4	4	—	1	1
Sweet Desserts	—	4	4	—	—	—
Sauce/Pickles	—	4	4	—	—	—
Milk Bottles	—	3	3	—	3	3
Fresh Meat/Cooked Meat ...	—	3	3	—	—	—
Suet/Dripping/Oil	—	3	3	—	1	1
Cake Decorations	—	2	2	—	—	—
Breakfast Cereal	—	2	2	—	1	1
Toast Topper	—	2	2	—	—	—
Potato Cakes	—	2	2	—	2	2
Cream/Skimmed Milk	—	2	2	—	—	—
Milk Drinks	—	2	2	—	—	—
Cottage Cheese/Spread	—	2	2	—	—	—
Fruit Pie/Pie Filling	—	2	2	—	—	—
Mashed Potato Powder	—	1	1	—	—	—
Baby Food	—	1	1	—	1	1
Spaghetti Bolognese	—	1	1	—	—	—
Lettuce	—	1	1	—	—	—
Sultanas	—	1	1	—	—	—
Low Fat Spread	—	1	1	—	—	—
Rye Crispbread	—	1	1	—	—	—
Tinned Porridge	—	1	1	—	—	—
Sugarless Jelly	—	1	1	—	—	—
Marzipan	—	1	1	—	—	—
Singapore Salad	—	1	1	—	—	—
Chicken Seasoning Mix	—	1	1	—	—	—
Cheese and Onion Pie	—	1	1	—	1	1
Steaklets	—	1	1	—	1	1
Foreign body (Rhubarb Pie)	—	1	1	—	1	1
Steak Pudding, Chips, Peas	—	1	1	—	1	1
Fish and Chips	—	1	1	—	1	1
Ham and Salad Sandwich ...	—	1	1	—	1	1
Christmas Pudding	—	1	1	—	—	—
Ham Risotto	—	1	1	—	—	—
Instant Coffee	—	1	1	—	—	—
TOTALS:	61	250	311	5	65	70

SECTION VII

Miscellaneous

MISCELLANEOUS

National Assistance Act, 1948 (Section 47)

National Assistance (Amendment) Act, 1951

*Removal to Suitable Premises of Persons in Need of
Care and Attention*

The Social Services Committee exercises and performs the powers and duties of the Council under the National Assistance Act, 1948, except those under Section 47, which are assigned to the Health Committee and delegated to the Statutory Action Sub-Committee of that Committee.

National Assistance Act, 1948

Handicapped Persons

The powers and duties of the Social Services Committee include the welfare of persons who are blind, deaf and dumb, or who are substantially or permanently handicapped by illness, injury or congenital deformity. The Director of Social Services is the Chief Officer of the Committee.

Incidence of Blindness

The Director of Social Services arranges for the examination of adults suspected to be suffering from blindness and she receives the completed forms B.D.8 from the examining ophthalmic surgeon. By arrangement, a copy of each completed form is forwarded to the Medical Officer of Health when a patient is admitted to the Register of Blind Persons.

In the case of children of school age, the Principal School Medical Officer arranges the examination which is undertaken by the Consultant Ophthalmic Surgeon.

During the year 38 persons (14 males and 24 females) were admitted to the register of Blind Persons.

Table I gives the age and sex distribution together with the causes of blindness in these cases:—

TABLE I

	AGE GROUPS										
	0—	5—	15—	25—	35—	45—	55—	65—	75—	85+	Total
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
Cataract	- -	- -	- -	- -	- -	1 -	- 2	- 2	3 7	1 1	5 12
Glaucoma	- -	- -	- -	- -	- -	- 1	- -	1 3	3 1	- -	4 5
Others	1 1	- -	- -	- -	- -	- -	1 1	2 4	1 1	- -	5 7
Total	1 1	- -	- -	- -	- -	1 1	1 3	3 9	7 9	1 1	14 24

Degree of Blindness

- | | |
|--|----|
| 1. No perception of light | 2 |
| 2. Perception of light | 27 |
| 3. Vision up to and including 3/60 Snellen | 6 |
| 4. Better than 3/60 Snellen | 3 |

Ministry of Health Circular 1/54 requested Medical Officers of Health to include in their Annual Reports, a section relating to blind persons and accordingly, the following information is given in Table II for the 38 cases for whom B.D.8 has been received.

TABLE II

Treatment Recommended on Form B.D.8.	Cause of Disability			
	Cataract	Glaucoma	Senile Macular Degener/n.	Others
None	2	—	1	3
Medical	2	—	—	2
Surgical	5	—	—	—
Optical	—	—	—	—
Ophthalmic medical supervision	8	9	3	3
Totals ...	17	9	4	8

*Follow up of Registered Blind Persons.

Cataract

There were 17 persons admitted to the register. Surgical treatment was recommended in 5 cases, 8 cases were recommended to remain under ophthalmic medical supervision, medical treatment was recommended in 2 cases, and no treatment was recommended in the remaining 2 cases.

Glaucoma

There were 9 cases admitted to the register, and recommended to remain under ophthalmic medical supervision.

Senile Macular Degeneration

There were 4 cases admitted to the register. In 1 case no further treatment was recommended and ophthalmic medical supervision was recommended in 3 cases.

Others

There were 8 cases admitted to the register. In 3 cases no treatment was recommended, 3 cases were recommended to remain under ophthalmic medical supervision and medical treatment was recommended in the remaining 2 cases.

Central Choroid Retinal Degeneration	1
Retinitis Pigmentosa	2
Diabetic Retinopathy	2
Retinopathy	1
Cortical Blindness	1
Bilateral Retroretinal Fibroplasia	1

On 31st December, there were 353 persons (128 males, 225 females) on the Register of Blind Persons.

Partially Sighted

There were 37 cases admitted to the Register of Partially Sighted Persons. Table III is an analysis of partial sight, age and sex of these persons.

On 31st December, there were 163 persons (56 males, 107 females) on the Register of Partially Sighted Persons.

TABLE III

	AGE GROUPS										Total M F
	0— M F	5— M F	15— M F	25— M F	35— M F	45— M F	55— M F	65— M F	75— M F	85+ M F	
Corneal Ulceration	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	1 -
Macular Degeneration and Corneal Ulcer	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- 1
Diabetic Retinopathy	- -	- -	- -	- -	- -	- 1	- -	- 2	- -	- -	- 3
Cataract	- -	1 -	- -	- -	- -	- -	- -	- 2	- 5	1 -	2 7
Cortical Blindness	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	1 -
Macular Dystrophy	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- 1
Senile Macular Degeneration	- -	- -	- -	- -	- -	1 -	- -	- 1	1 4	1 2	3 7
Myopia	- -	- -	- -	- -	- -	- -	- 2	- -	- -	- -	- 2
Lenticular Sclerosis	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- 1
Glaucoma	- -	- -	- -	- -	- -	- -	- -	1 2	- 1	- -	1 3
Macular Degeneration	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- 1
Albino (Gross Nystagmus)	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- 1
Cataract (with Acute Nystagmus)	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- 1
Normal Angle Glaucoma	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	1 -

Homes for Aged Persons

I am indebted to the Director of Social Services (Mrs. M. Walker) for the following information relating to accommodation available in residential homes during the year.

<i>Name of Home</i>	<i>Opened</i>	<i>Accommodation Available</i>	<i>Category</i>
Greenacres Lodge, Greenacres Road	30-8-48	38 women	Aged persons
"Westlands", Grange Avenue ...	14-12-48	34 men and women	Aged persons
"The Hollies", Frederick Street	10-10-49	30 men	Aged persons
Stamford House, Lees New Road	28-11-49	15 women	Aged persons
Wellington Lodge, Wellington Road	11-3-53	18 women	Aged persons
"Moorfield", Greenacres Road	24-1-55	16 men	Aged persons
"Ashleigh", Newport Street ...	17-2-55	20 women	Aged persons
Edward House, Edward Street ...	24-4-52	24 men and women	Blind persons
"Lyndhurst", Queens Road	14-8-52	14 men and women	Aged persons
"Toravon", Newport Street ...	30-6-55	27 men and women	Aged persons
"Limecroft", Whitebank Road	22-1-57	42 men and women	Aged persons
"Glenthorne", Queens Road	4-12-57	25 men and women	Aged persons
"Fairhaven", Lees New Road	21-11-61	43 women	Aged persons
Napier House, Windsor Road ...	24-11-52	Temporary accommodation for persons rendered homeless on account of fire, flood, &c.	
Rothwell House, Colwyn Bay	2-8-62	17 men and women	Holiday Home All categories
"Sandhurst", Southport	22.2.68	22 men and women	Holiday Home All categories
"Lake View", Kings Road	14-4-70	33 men and women	Home for physically handicapped
<i>Day Care</i>			
Primrose Bank Day Centre	12-1-66	20 men and women	All categories
New Vale House ...	2-5-69	80 men and women	All categories

HEALTH EDUCATION AND HOME SAFETY

The increase in health education has been maintained during 1972, with further and more varied requests being received from schools and adult organisations.

In schools, sessions are held weekly enhanced wherever possible by films and other visual aids. Regular sessions of this nature designed for a wide age range cover topics including parentcraft both theory and practice, communicable diseases, the use and misuse of drugs, dangers of alcohol and smoking, personal hygiene and first aid. Additional tuition and supervision have also been provided to accommodate those wishing to take the British Red Cross and Duke of Edinburgh Award Scheme certificates in first aid and child care. In 1972 99% of pupils taking the examinations were successful.

Parentcraft classes are held for young prospective mothers and fathers at Oldham and District General Hospital and incorporates various aspects of motherhood, such as pregnancy, diet, feeding and child development. School children attend the two housecraft centres where health visitors instruct them in mothercraft, home safety, personal hygiene and some aspects of first aid.

Child health clinics are a popular venue for health education. Group discussion on family life is led by the health visitors. Individual counselling is offered to all parents.

Health visitors participated in the training programme of the domestic help service. Evening talks were given to ladies in community centres and church halls on subjects ranging from the elderly to adolescent needs.

Throughout the year the health education service has successfully adapted itself to meet the present needs of both young and old and has helped to stimulate the desire for healthy living.

CANCER EDUCATION

The Health Committee made a contribution of £223 to the Manchester Committee on Cancer during the financial year 1972/73 for the work undertaken in connection with cancer education in the borough. The Medical Officer of Health is a member of the Committee.

I am indebted to Mr. R. L. Davison, Executive Officer, Educational Project, for the following report on the year's activities.

"Potentially one of the most significant steps forward for many years in the control of cancer was taken when in 1972 the Department of Health announced its plans to set up initially four trial "Oncological Centres" in England. These will have an interest in every aspect of dealing with cancer, and in time should be able to co-ordinate and concentrate effort on a scale hitherto unknown in Britain. The North West can justly be proud of being one of the regions selected for the first of the oncological centres. Moreover, it is not extravagant to claim that the official inclusion of public and professional education among the main interests of these centres owes more than a little to the demonstration by the Manchester Regional Committee on Cancer that a programme of cancer education that is executed tactfully and avoids strident publicity techniques, can help the public, the family doctor, the cancer specialist and, above all, the cancer patient. This demonstration was possible only because of the consistent support by local health authorities such as Oldham of the Committee's work for many years.

The Committee has always followed a policy of research and evaluation, the results of which have been fed into its own educational programme as well as being of use to other schemes elsewhere. During the year under review we gained important pointers from a study of the smoking behaviour of adolescents, which may well modify anti-smoking education in the future. From this study it seemed that, even among young people well on in their teens, the attitude of parents towards their children smoking was more important than the example the parents set. If this proves correct, the implication is obvious that parents—even of young adults—should be a target for health education in this matter, and should be made aware of the profound influence they may have on the smoking behaviour of their children. The results of two other pieces of research, into the usefulness of poster advertising and with what people really want to know about the disease should be published in 1973.

As in previous years the Committee directly approached a large number of groups and societies in the County Borough to arrange talks and discussions on cancer. The response of twelve groups in Oldham was encouraging and we hope this may be increased further in the ensuing twelve months. However, we were glad to be able to continue the education of Corporation employees, who themselves are in contact with sections of the public. Our lectures to Oldham's Home Helps was much appreciated, and we are certain that this enables the reassuring facts about cancer to be spread even more widely. In our discussions the importance of women using facilities for cytological screening is always stressed, and where appropriate the health risks of cigarette smoking were also discussed.

Once again, Radio Manchester assisted by arranging three broadcasts by the Executive Officer, and the Manchester Evening News, which is widely read throughout the region, published a splendid series of articles on cancer in consultation with the Committee. In collaboration with the Committee, Granada Television produced another programme on cancer which will be broadcast to schools in the Spring of 1973. The Committee offers films and other visual aids to schools free of charge, as well as its leaflets and posters on the cervical smear test free to the Health Department. During the year the Local Co-ordinating Committee for Cervical Cytology, of whose Newsletter the author is Editor, helped promote this service throughout the region.

Through its Sub-Committee on Professional Education, the Committee has been able to influence undergraduate medical teaching as well as the content of post-graduate medical courses. Through this work, and through the lectures it arranges for student nurses and for nurses in the public health service, the Committee hopes to ensure that every doctor and nurse fully supports the educational work that is vital if more people are to be cured of cancer''.

OLDHAM CREMATORIUM

Dr. B. Gilbert is the Medical Referee to the Crematorium and Dr. J. Starkie and Dr. J. H. Dransfield act as Deputy Medical Referees. Dr. G. Fletcher was appointed as Deputy Medical Referee with effect from July.

1,688 cremations were authorised by the Medical Referee or his Deputies. In 411 cases a certificate (Form E) had been given by the Coroner.

Below are some cases of special interest:—

1. The deceased died in America. The appropriate forms were issued in America and the cremation was authorised.

2. The deceased died in a road accident in France. The appropriate forms were issued by the French authorities and the cremation was authorised.
3. The deceased died in Scotland. As there is no Coroner in Scotland a Procurator Fiscal's Certificate was issued and the cremation was authorised.
4. The deceased died in a mountaineering accident in Italy. The appropriate forms were issued and the cremation was authorised.
5. The doctor signing Form B on the medical forms had not seen the deceased for 37 days prior to death so the case was reported to the Coroner. A certificate (Form E) was issued and the cremation was authorised.

Of the 1,688 cremations authorised, 898 related to Oldham residents and 790 to non-residents.

MEDICAL EXAMINATIONS

Corporation Employees

The medical staff of the department undertook medical examinations as follows:—

Department	Entrants Disability			Special		Totals		
Baths and Washhouses ...	—	—		1		1		
Borough Architect	17	—		1		18		
Borough Engineer and Surveyor	29	3	(9)	37	(36)	69	(45)	
Borough Solicitor	49	(1)	1	(2)	6	(17)	56	(20)
Borough Treasurer	21	—			6	(11)	27	(11)
Cleansing and Transport...	52	1	(4)	29	(43)	82	(47)	
Education	219	1	(3)	42	(29)	262	(32)	
Fire	5	—		—		5		
Housing	13	1	(3)	1	(6)	15	(9)	
Libraries	7	—			6	(13)	13	(13)
Magistrates' Clerk	3	—		—		3		
Markets	—	1	(3)	1	(1)	2	(4)	
Parks and Cemeteries ...	18	—			19	(19)	37	(19)
Public Health	42	—			20	(15)	62	(15)
Registrars	—	—		—		—		
Social Services	131	1	(6)	34	(19)	166	(25)	
Weights and Measures ...	—	—		—		—		
West Pennine Water Board Works	37	1	(7)	71	(39)	109	(46)	
Workshops for the Blind	94	—			19	(21)	113	(21)
	—	—		—		—		
	737	(1)	10	(37)	293	(269)	1040	(307)

The figures in parentheses relate to re-examinations carried out for various reasons, which bring the total number of examinations to 1,347 during the year.

Teachers entering the service of the Council from other authorities, and new entrants to the teaching profession who have not been medically examined on completion of their course of training, are examined as to their fitness for employment. These examinations are undertaken by medical officers of the

department and during the year 144 teachers were examined. This figure includes 25 examinations (17 male and 8 female) for which Form 28 RQ was completed and forwarded to the Department of Education and Science.

OTHER EXAMINATIONS

Education Entrants (Teachers)	144
School Meals Employees	144
Health Department—Casual Appointments	11
Other Authorities	16
	<hr/>
	285
	<hr/>
Referred to Consultants	45
Pathological Examinations	8

All entrants to the West Pennine Water Board submit a specimen of blood and faeces for pathological examination.

Candidates Applying for Admission to Colleges

The medical examination of these candidates is the responsibility of the Principal School Medical Officer who is also the Medical Officer of Health.

During the year 108 candidates (70 females, 38 males) were examined and a report completed and forwarded with Form 14 TT (Med) to the appropriate college authority. In all cases it was possible to pass the candidate as fit for admission to a course of training. All candidates agreed to an x-ray examination.

Applications for Hackney Carriage Drivers' Licences

All the new applicants for a Hackney Carriage Drivers' Licence and those holders of licences who are 65 years of age and over, are required to pass a medical examination arranged by the Medical Officer of the Health department. The applicants are responsible for the charge involved.

New applicants under 65 years	24
Holders of a licence aged 65 years and over	—

Examination of School Meals Staff

The scheme for the examination and chest X-ray examination on appointment of all new entrants to the School Meals Service continued.

During the year 144 new entrants were examined. All entrants had satisfactory chest x-ray examinations.

The following examinations were made:—

(i) X-ray of the chest	588
(ii) M.M.R. X-ray	7

Accidents

During the year 18 (7) cases were examined by medical officers of the department.

BOROUGH CORONER'S REPORT FOR 1972

The deaths reported to the Coroner during the year 1972 were 555 (males 319, females 236).

In 494 of the cases reported the deaths were investigated by the Coroner but no inquest held. In 370 of these cases a post-mortem was performed.

There were 54 concluded inquests held (male 37, females 17) and 7 inquests were adjourned under Section 20 of the Coroners' (Amendment) Act 1926 and not resumed.

Of the 54 concluded inquests held 17 were held with a jury.

There were 431 post-mortem examinations in 370 of which no inquest was held.

The verdicts returned in the cases of concluded inquests were:—

Suicides	6 (2 males) (4 females)
Want of attention at birth	1 (1 female)
Accident or misadventure	30 (20 males) (10 females)
Natural causes	14 (14 males)
Open verdicts	3 (1 male) (2 females)

The ages of the 6 suicides were as follows:—

Between 30 to 39 years	2 (1 male) (1 female)
Between 50 to 59 years	2 (2 females)
60 years and over	2 (1 male) (1 female)

The type of suicides were:—

Hanging	4 (2 males) (2 females)
Barbiturate poisoning	2 (2 females)

In 1971 there were 426 deaths reported, and 60 concluded inquests were held.

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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Principal School Medical Officer

Basil Gilbert

M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

1972

EDUCATION COMMITTEE

(from May, 1972)

Council Members

The Mayor, Councillor D. Jackson
Councillor J. T. Hilton (Chairman)
Alderman C. McCall (Deputy Chairman)
Alderman J. J. Bannister, J.P.
Alderman A. B. McConnell
Councillor E. Beard
Councillor A. F. Bennett
Councillor A. Biggs
Councillor H. Brierley
Councillor R. Brierley
Councillor W. P. Ring
Councillor B. Smith
Councillor F. Wade
Councillor A. T. Wallis

Co-opted Members

Mr. T. M. Jones
Rev. D. Lawrence
Rev. T. Hourigan
Rev. D. T. Williams

Director

G. R. Fritchett, M.A.

Deputy Director

T. J. Farrington, B.A. (Hons.)
(from 1.1.72)

*SCHOOL HEALTH SERVICE**Principal School Medical Officer*

Basil Gilbert, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

Senior School Medical Officer

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P.,
M.F.C.M., D.P.H.

School Medical Officers

J. H. Dransfield, M.A. (Oxon), L.M.S.S.A., M.R.C.G.P.
G. Fletcher, B.A., M.B., Ch.B.

Sessional Medical Officers

Dr. K. A. Gulati
Dr. S. L. Royce
Dr. Liselott Schreiber
Dr. Margaret West
Dr. Anna M. Edward
Dr. A. A. Shaikh

Principal School Dental Officer

James Fenton, L.D.S.

Senior Dental Officer

J. H. Woolley, L.D.S.

Dental Officers

Mr. J. Peel, L.D.S.
*Mrs. F. Higham, B.D.S.
*Mrs. J. J. Davies B.D.S.

Orthodontic Specialist

*Mr. J. Lancashire, B.D.S., L.D.S., D.Orth., R.C.S.

Dental Auxiliary

Mrs. E. Hebdon

Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anaesthetist*
J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. *Aural Surgeon*
D. Hilson, M.B., B.Chir., M.A. (Cantab), F.R.C.P. (E)
F.R.C.P. (L), M.R.C.S., D.C.H. *Paediatrician*
J. B. Garston, M.B., B.S., F.R.C.S. (Eng. & Ed.), D.O. (Eng.)
Ophthalmic Surgeon

Ophthalmologists

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.
T. A. J. Thorp, M.B., Ch.B., D.O., D.P.H.

Consultant Psychiatrist

Dr Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

Senior Educational Psychologist

Mr. M. J. Dawson, B.Sc., D.E.P.(C.G.) A.B., Ps.S. (from 1/8/72)

Educational Psychologist

Mr. J. Goy, B.A. (Dublin) B.A. (London), PG.C.E. (London)

Senior Speech Therapist

Mrs. B. Clough L.C.S.T.

Speech Therapists

Miss J. M. Sharratt, L.C.S.T. (from 11/9/72)

Mrs. S. Smith (nee Gow) (to 31/8/72)

*Mrs. P. Harrison (from 11/9/72)

Orthoptist

Mrs. F. Bravey, D.B.O.

Superintendent School Nurse

Miss M. M. Switzer, S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent School Nurse

Mrs. S. Seddon, S.R.N., H.V. Cert., D.N.

Senior School Nurse

Mrs. P. T. Kennedy, S.R.N., S.C.M., R.S.C.N.,
H.V. Cert.

Health Visitor/School Nurses

*Mrs. J. Andrew

Mrs. J. J. Butterworth

*Mrs. M. Collins

*Mrs. H. Emmott

*Mrs. M. J. Gould (from 27/11/72)

Mrs. R. Henry (from 11/9/72)

Mrs. M. Hewitt

Mrs. P. A. Hirstwood

Mrs. M. M. Kehoe

*Mrs. P. Lewis

Mrs. C. O. Onuoha

*Mrs. M. Pexton

Mrs. V. Saville

*Mrs. E. Simpson (from 23/10/72)

Mrs. J. Skimming

Mrs. M. Street

Mrs. M. C. Taylor

Mrs. J. Thomas

*Mrs. N. M. Walker (to 25/6/72)

Mrs. M. A. Wilson

Miss J. A. Wood (from 11/9/72)

Mrs. M. Wood (from 11/9/72)

Tuberculosis Visitor

Mrs. H. Manuel

School Nurses

Mrs. C. D'Arcy

*Mrs. H. Eglin

Mrs. K. E. Lees

*Mrs. V. L. McCann

*Mrs. J. Wibberley

Park Dean School Nurse

Mrs. V. Ruehorn

Clinic Nurse

Mrs. E. Doolan

Mrs. M. Gaskell

*Denotes Part-time.

ANNUAL REPORT

STAFF

The full-time medical staff remained unchanged throughout the year and there were few changes in the sessional staff. The dental staffing situation has also remained much as it was.

The most significant changes were in the speech therapy service where Miss Sharratt was appointed full-time therapist in September and Mrs. P. Harrison joined us on a half-time basis. Mrs. Smith (née Gow) had left at the end of August. It is pleasing to record such an establishment after having had no speech therapist for a considerable time.

Mr. M. J. Dawson was appointed Senior Educational Psychologist in August, which has given us a full establishment in that service.

Liaison

There is close liaison with the other services provided by the Department of Public Health. Medical Officers and Health Visitors undertake duties both in the field of public health and school health. The School Dental Service also provides a maternity and child welfare service.

SCHOOL ACCOMMODATION

The number of children on rolls in December 1972 was 19,760, an increase of 200 compared with the previous year.

	<i>Secondary</i>	<i>Junior</i>	<i>Infant</i>	<i>Nursery</i>	<i>Total</i>
Maintained Schools	5,171	4,620	3,412	145	13,348
Voluntary Aided Schools ...	2,261	2,303	1,789	59	6,412
	<hr/> 7,432	<hr/> 6,923	<hr/> 5,201	<hr/> 204	<hr/> 19,760

The number on roll at each Secondary school was as follows:—

Breezehill	760	Hathershaw	437
Counthill	1113	Kaskenmoor	895
Fittonhill	508	Bluecoat	904
Grange	967	St. Albans	715
Greenhill	491	St. Anselms	642

The number on roll at each special school was:—

Havenside School	46
Marland Fold School	102
Strinesdale School	74
Park Dean School	188

MEDICAL INSPECTION

The programme for medical inspection was again curtailed and no selective examinations of junior school children were undertaken. Nursery schools again had to be excluded from the programme.

Arrangements were made for all school entrants to be inspected in school and children who left school by the summer of 1972 were examined.

The raising of the school leaving age relieved us of the need to enter secondary schools in the autumn term, and the medical inspection of entrants which would normally take place in the spring term, 1973, was brought forward. The number of children examined was as follows (figures for 1971 are in brackets):

Entrants	2,473	(1,417)
Leavers	969	(1,391)
11 year olds	—	(—)
Nursery	—	(93)

Defects found at Medical Inspection

Details of these are given in the statistical tables at the end of the report.

General Condition of Children Inspected

Out of the 3,442 children examined at routine medical inspections 9 were classified as "unsatisfactory".

Special Inspection

These are children referred to the school health service from different sources and for a variety of reasons at times other than periodic inspections in schools. During the year 140 such examinations were carried out.

This does not include children referred and examined for specific reasons such as handicapped children, E.N.T. and Eye defects, speech therapy, child guidance etc. which are dealt with in other parts of the report.

Any necessary follow-up examination resulting from periodic or special inspections is normally made at Cannon Street Clinic.

Colour Vision

This is tested at the last vision test in the junior school with a check at school leaving examination for those who missed the earlier test.

Uncleanliness Examination

Statistical details of school nurses' work in connection with head infestation are as follows with the 1971 figures in brackets:—

Nurses' first inspection in schools	39,105	(41,493)
Nurses' re-inspections in schools	4,091	(4,334)
Number of individual children found to be infested	1,725	(1,805)

The figure of 1,725 individual children found to be infested represents 8.5 per cent of the school population (9.2 per cent in 1971).

SPECIAL CLINICS

The following specialist provision is made:—

Mr. J. Norman Appleton is retained as consultant E.N.T. surgeon and undertakes the examination and supervision of deaf and partially hearing children. Also, by arrangement with the Manchester Regional Hospital Board, he undertakes regular sessions at the Central School Clinic.

Mr. J. B. Garston is retained as consultant ophthalmic surgeon. He holds a clinic when necessary for the examination of blind and partially sighted children. Dr. D. Hilson is retained as consultant paediatrician, and meets the Senior Medical Officer, Dr. J. Starkie, to discuss cases. He sends reports on all the children he sees at the Oldham and District General Hospital.

The Ophthalmic clinic, the orthoptic, child guidance, speech therapy and audiology clinics are provided by the Education Committee. The last three are reported upon later under separate headings.

Ophthalmic Clinic and Orthoptic Clinic

Examinations continued to be undertaken in 1972 by Dr. L. B. Hardman and Dr. T. J. Thorp. A total of 2,362 examinations were made and spectacles were provided or changed in 952 cases.

Children with squints and other conditions requiring orthoptic investigation and treatment are referred to the orthoptist after examination by the Consultant Ophthalmologist and the two ophthalmologists working at the clinic who supervise the treatment. Treatment outside the scope of the orthoptic clinic is usually arranged at Oldham Royal Infirmary. Co-operation between the school health and hospital services is very easy with substantially the same professional staff at both clinics.

During the year 236 new cases from Oldham and surrounding districts were seen at the Orthoptic clinic. The total number of attendances made was 3,329. As staffed at present the ophthalmic and orthoptic service can deal with the demand with usually only a short waiting time for treatment.

The great majority of cases of defective vision seen there are detected initially by the nurses' vision testing in school. Parents have, of course the opportunity of seeking advice elsewhere when a vision defect is noted but in practice the majority choose the school ophthalmic clinic.

Ears, Nose and Throat Clinic

During the year, 36 sessions were held and 102 new cases were examined. The total number of attendances was 314. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the child's name is placed on the waiting list for admission.

Details of the children treated including those referred from the school clinic are given in Part 3 of the Medical Inspection and Treatment returns at the back of the report.

These consultant sessions held in a local authority clinic have, over the years, been most useful. Children can usually be seen quickly and it is easy, when required, to discuss problems.

Orthopaedic Defects

The School Health Service does not provide an orthopaedic clinic and children requiring orthopaedic treatment are usually referred to the general practitioner. In special cases direct referral is made to the Oldham Royal Infirmary.

Minor Ailments Clinics

There are no special doctor's sessions for the treatment of minor ailments, but a clinic nurse is available daily for children who come to the Central Clinic with minor ailments and injuries. A total of 1,230 attendances were made. Medical Officers doing other work in the clinic building give advice if and when required.

Scabies

The treatment of scabies is carried out by a school nurse at the Gower Street cleansing centre. Every effort is made to treat other members of the family who may be affected to avoid re-infestation. The number of cases in school-children totalled 127.

Chiropody

The Derker and Honeywell Lane Child Welfare Clinics continue to give treatment for school children and a total of 2,896 attendances were made. The introduction of a chiropody service has done much to reduce the attendances at minor ailment clinics to its present very low figure.

Parent Attendances at Examination

The number of parents or relatives who attended the periodic medical inspection in schools was as follows:—

The figures for 1971 are shown in brackets.

Entrants	2472 = 95 per cent.	(1251 = 88 per cent.)
Leavers	111 = 12 per cent.	(139 = 10 per cent.)

EMPLOYMENT OF SCHOOL LEAVERS

A school-leaving medical report (Y.9) was sent to the Careers Officer in respect of each child who was medically examined in school or at the clinic. Below is a table showing that it was necessary to advise exclusion of 75 children from certain kinds of occupation. Children who are leaving special schools are discussed at case conferences by the Medical Officer, teacher and careers officer and are not included in this table.

(a) Heavy manual work or heavy lifting	4
(b) Work involving exposure to dust and fumes	11
(c) Work demanding continual exposure to weather	6
(d) Work at heights or near vehicles in action	7
(e) Work requiring fine or accurate vision	14
(f) Work requiring normal colour vision	20
(g) Work with a high dermatitis hazard	3
(h) Work requiring normal hearing	9
(i) Work involving handling or preparation of food	1

27 pupils were advised to wear spectacles for work and 2 were advised to wear their hearing aids.

SCHOOL DENTAL SERVICE

Staff

The staffing situation has remained basically the same as in 1971. Every attempt has been made to recruit staff but without success. Final year students at the Manchester Dental School have visited the clinics in an attempt to interest them in this type of work. As stated in previous annual reports dental students qualifying from the dental school, who are interested in working in the School Dental Service, are able to obtain positions with authorities on the south side of Manchester which would appear to be residentially more attractive.

The number of students entering the Manchester Dental School this year has more than doubled and this may help with recruitment when they qualify in approximately 5 years time. Unfortunately the present staff has not been able to offer the comprehensive dental service desired, i.e. bi-annual dental inspections and complete dental treatment for those children accepting treatment.

The total number of sessions worked by the dental officers is down on the previous year. This is accounted for by the reduction in the number of sessions worked by Mrs. Davies, B.D.S.

Dental Equipment

The policy of replacing old equipment by modern equipment has continued. Consequently the working conditions at the clinics are very good.

Dental Health Study

Reference has been made in the annual reports for 1970 and 1971 to the study which is being conducted by the University of Manchester Dental Health Unit and the Oldham Authority. Mr. M. C. Downer, L.D.S., D.D.P.H. is conducting this study and has submitted the following report:—

“The clinical testing of the dental caries preventive programme based on the use of fluoride agents, by the University of Manchester, in conjunction with the Authority, continued successfully during the year. The trial is under the day to day direction of Mr. M. C. Downer, Research Fellow with the University Dental Health Unit, and honorary dental officer with the authority.

During the year it was possible to catch up with the backlog of routine dental treatment required by the 550 comprehensive school children taking part. Thus, in addition to following the caries preventive regime of applications of active or control solutions to the teeth and daily supervised tooth brushing in school, all those children who attended for dental treatment were also rendered dentally fit. Mrs. Hebdon, the dental auxiliary with the Authority, is to be praised for the important part she played in helping to achieve this.

It is notable that very few children have left the trial. By the end of the second year, some 95 per cent of those who originally joined were still taking part, an unusually high percentage for a project of this kind.

It has been demonstrated that preventive programmes, such as the one being conducted, are a practicable public health measure from the point of view of organisation and management. Analysis of the results after the trial

is completed in the Spring of 1974 will show whether this particular programme was also cost-effective in terms of any reduction in dental treatment needs among those using the fluoride products. It is only in terms of a saving in surgery man-hours that the benefit of a preventive programme can properly be evaluated, and a careful cost-benefit analysis will have to be made before pronouncing final judgement."

Dental Inspections

10,595 (11,067) children received routine dental inspections either in school or at the dental clinics and 7,469 (7,523) were found to require treatment. In addition 1,532 (1,638) children received further inspections either at school or at the dental clinics. A substantial proportion of these children were found to require treatment.

Dental Treatment

Details are given in the statistical tables at the end of the report. The number of fillings has decreased slightly 9,082 (9,896). Similarly the total number of teeth extracted has decreased slightly 6,948 (7,420).

Orthodontic Treatment

Arrangements have remained as previously. In addition to orthodontic treatment given by the permanent staff, Mr. J. Lancashire, B.D.S., D.Orth., R.C.S. has undertaken regular sessions.

Emergency Treatment

The number of children attending for emergency treatment has remained about the same, i.e. 3,337 (3,339). These are children who attend the School Dental Clinic without appointments and usually require treatment for the relief of pain. The shortage of dental surgeons in dental practice in the Oldham area makes it very difficult for children, particularly the young ones, to obtain dental treatment through the general dental practitioner service of the National Health Service.

Maternity and Child Welfare Dental Service

The staff of the School Dental Service have provided a dental service for expectant and nursing mothers and also for pre-school children.

General Anaesthetics

2,165 (2,204) children received general anaesthetic for the extraction of teeth. The majority of children receiving general anaesthetic were again in the 5—9 age group. In addition pre-school children and expectant and nursing mothers also receive treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anaesthetist are particularly valuable at these sessions when very young children or children with poor medical histories attend. Dr. B. H. Lees and Dr. N. L. Gilburn also undertake regular weekly sessions as anaesthetists.

Hospital Consultant Service

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., R.C.S., Consultant Oral Surgeon to the Oldham Hospital Group. Similarly the services of Mr. P. H. Morse, F.D.S., R.C.S., D.Orth., Consultant Orthodontist are available.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial children are admitted under his care.

* Figures in brackets relate to 1971.

CHILD GUIDANCE SERVICE

The Child Guidance Service has continued under the direction of Dr. A. Pool, assisted by Dr. J. G. Maden, Mr. M. J. Dawson, Senior Educational Psychologist, Mr. J. Goy, Educational Psychologist, Miss A. Kelly, and Mrs. M. Dobson, Social Workers.

The following statistics relate to the work of the clinic.

Cases referred:

New cases	123	
Re-referrals	8	
	<hr/>	131
		<hr/>

Sources of reference:

Director of Education	62
School Medical Officers	11
General Practitioners	19
Director of Social Services	9
Probation Officers	1
Juvenile Liaison Officers	5
Parents	11
Hospital Service	2
School Psychological Service	5
Speech Therapists	1
Family Service Unit	2
Health Visitors	1
Headteachers	3
Patient	1
Education Welfare Officers	1

Three of the cases were referred by more than one agent.

Reasons for referral: (some cases are referred for more than one reason)

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Behaviour at school	27	13	40
Behaviour at home	35	16	51
School refusal	4	4	8
Depression	3	0	3
Immature behaviour	1	0	1
Emotional disturbance	7	6	13
Truancy	5	2	7
Night terrors	1	0	1
Enuresis	5	1	6
Encopresis	2	0	2
Stealing	15	1	16
Academic failure and lack of progress ...	8	3	11
Sexual problems	2	0	2
Overdose	0	2	2
Abnormal traits	1	0	1
Absconding	0	2	2
Aggression	1	0	1
Requests for advice	1	0	1

'ntelligence Quotients:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
70 and under	1	2	3
71-85	6	5	11
86-95	12	3	15
96-114	14	5	19
115-129	5	0	5
130 plus	0	0	0
	—	—	—
	38	15	53
	—	—	—
Not tested	35	11	46
Awaiting test at 31/12/72	13	8	21
	—	—	—
	86	34	120
	—	—	—

THE AUDIOLOGICAL SERVICE

There has been little change in the arrangements for audiology since last year and health visitors with training and experience have carried out diagnostic testing under the supervision of a medical officer. A few cases of special difficulty have been referred to the Department of Audiology and Education of the Deaf, Manchester University. Mr. Lloyd, deputy headmaster of the Park Dean School, has continued to visit schools to see children who wear hearing aids or have some hearing handicap and has given advice where possible. Members of the teaching staff of the Partially Hearing Department of the Park Dean School have again assisted in the auditory training of young children with hearing handicaps.

The work of the audiology clinic is hampered by parents not keeping appointments.

The following tables summarize the work of the clinic:—

Referrals

	School Children	Pre-School Children
By review	137	37
By health visitor	17	45
By medical officers	38	4
By otologist	20	—
By school sweep failure	135	—
By clinic screening failure	—	10
By parents and others	56	6
Re-appointments	107	36
	<hr/> 510	<hr/> 138
	<hr/>	<hr/>

Assessments

Satisfactory hearing	147	36
Review at a later date	52	25
Referred for clinic examination by school medical officer	83	3
Referred to otologist	58	1
	<hr/> 340	<hr/> 65
	<hr/>	<hr/>

Audiometric sweep testing of all school entrants was carried out by health visitors and school nurses in school. The number of children tested was 1,626 of whom 299 were referred for further testing in the audiology clinic.

Pre-School Assessments

During the year, 101 pre-school children were referred for assessment in addition to there being 37 children for review from previous assessments. The attendance rate for these appointments is poor and out of 138 appointments made, 73 were not kept. Recently the session has been changed from Monday afternoon to Wednesday morning and an improvement has been noted.

INFECTIOUS DISEASES

DISEASE	1972		1971	
	1972	Deaths	Cases	Deaths
Typhoid Fever	—	—	—	—
Acute Meningitis ...	4	—	15	—
Dysentery	1	—	16	—
Diphtheria	—	—	—	—
Measles	380	—	145	—
Scarlet Fever	16	—	13	—
Whooping Cough ...	1	—	15	—
Poliomyelitis	—	—	—	—
Para-Typhoid Fever .	—	—	—	—
Infective Jaundice ...	32	—	37	—
Tuberculosis:—				
(a) Pulmonary ...	4	—	3	—
(b) Non Pulmonary	—	—	1	—

Pulmonary Tuberculosis

During the year four school children were notified and accepted.

CASE 1/72

A girl aged six years was diagnosed as a case of primary tuberculosis. She was a contact of her parents and she received domiciliary treatment.

CASE 2/72

A girl aged fourteen years was admitted to Strinesdale Hospital as a case of primary tuberculosis. She was a contact of her family.

CASE 3/72

A girl aged seven years, an immigrant from West Pakistan received domiciliary treatment for primary tuberculosis.

CASE 4/72

A boy aged nine years was admitted to the Children's Ward, Oldham & District General Hospital with a tuberculous infection of the lung. He was discharged home after four weeks.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN
(Aged 5-15 years)—1936—1972

Year	Meningo- coccal Infec- tions		Dysentery		Diphtheria		Measles		Scarlet Fever		Whooping Cough		Polio- myelitis		Tuberculosis			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Pulmonary		Other Forms	All Forms
															Cases	Deaths		
1936	4	17	-	215	1420	128	292	-	1	15	5	(-)						
1937	1	14	-	218	472	158	261	-	4	17	3	(-)						
1938	1	4	1	169	922	176	328	-	7	25	5	(2)						
1939	-	2	-	32	60	235	50	-	2	17	6	(2)						
1940	-	3	5	47	990	99	160	-	1	25	7	(-)						
1941	6	1	-	27	224	122	87	1	4	9	-	(-)						
1942	4	-	-	58	1075	249	54	-	1	17	1	(-)						
1943	2	1	-	91	107	196	137	1	1	17	1	(-)						
1944	1	3	-	48	470	342	40	-	-	12	2	(-)						
1945	2	2	1	31	131	217	45	-	4	15	4	(2)						
1946	-	-	4	30	686	88	71	1	2	5	-	(-)						
1947	-	1	-	39	154	61	36	6	2	10	3	(-)						
1948	1	1	47	10	517	125	82	-	8	14	2	(-)						
1949	-	-	52	1	377	273	62	-	2	4	-	(-)						
1950	-	-	94	1	420	165	117	3	1	7	1	(-)						
1951	-	-	129	-	526	106	72	1	5	5	2	(1)						
1952	1	-	155	-	819	179	45	3	3	5	1	(1)						
1953	-	-	29	-	256	148	57	3	3	5	-	(-)						
1954	-	-	174	-	427	106	81	-	4	7	-	(-)						
1955	1	-	699	-	588	177	2	3	11	9	-	(-)						
1956	1	-	78	-	60	106	7	6	5	4	-	(-)						
1957	2	-	37	-	1320	48	41	1	1	1	-	(-)						
1958	-	-	638	-	442	100	32	1	1	4	-	(-)						
1959	1	-	62	-	429	111	36	-	4	2	-	(-)						
1960	-	-	315	-	836	57	20	-	4	2	-	(-)						
1961	2	-	44	-	184	86	16	-	2	-	-	(-)						
1962	-	-	41	-	235	39	2	3	2	-	-	(-)						
1963	-	-	34	-	532	58	12	-	4	1	-	(-)						
1964	-	-	191	-	494	32	37	-	4	1	-	(-)						
1965	-	-	40	-	324	117	11	-	1	7	-	(-)						
1966	-	-	57	-	563	68	8	-	3	-	-	(-)						
1967	-	-	33	-	138	12	17	-	8	-	-	(-)						
1968	-	-	41	-	65	24	3	-	17	-	-	(-)						
1969	3	-	16	-	322	10	1	-	3	-	-	(-)						
1970	-	-	17	-	214	29	19	-	1	-	-	(-)						
1971	15	-	16	-	145	13	15	-	13	-	-	(-)						
1972	4	-	1	-	380	16	1	-	16	-	-	(-)						

Deaths—Tuberculosis. The figures shown in brackets relate to deaths from Pulmonary Tuberculosis

IMMUNISATION AND VACCINATION

Immunisation

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy. To maintain immunity against diphtheria and tetanus during the period of their school life, it is essential that children immunised in infancy should receive a reinforcing injection against diphtheria and tetanus on entering school and a reinforcing injection against tetanus during their fifteenth year.

At the school entrance medical examination the immunisation and vaccination state of each child is checked. Parents are asked to consent to reinforcing immunisation or, when no primary immunisation has taken place a course of primary immunisation. On receipt of parents' consent arrangements are made to visit schools to give this protection. A similar procedure takes place before children leave school.

Triple Antigen (protection against diphtheria, whooping cough and tetanus), first issued in 1957, is still used for primary immunisation for children aged under five years. Children commencing primary immunisation aged over five years receive Diphtheria Tetanus Prophylactic.

The material used for reinforcing injections at school entry is Diphtheria Tetanus Prophylactic and in the 15th year Tetanus Toxoid Prophylactic.

The following table gives the number of children aged 5 — 15 years inclusive who received primary immunisation after entering school:—

Primary Immunisation:—

Year of Birth	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	Total
No. Imm.	53	60	18	1	—	1	2	1	—	1	—	137

Reinforcing Injections 1,039.

Measles Vaccination

Measles vaccination is offered to children between the ages of one and fifteen years who have not suffered a natural attack of measles. If not previously vaccinated at a child welfare centre, this vaccination is available at school.

The following table gives the number of children aged 5—15 years who have received measles vaccination:—

Birth Year of	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	Total
No. Imm.	80	54	6	1	—	—	—	—	—	—	—	141

Poliomyelitis Vaccination

Vaccination against poliomyelitis is available to all school children. Oral poliomyelitis vaccine is used exclusively by the department. The full course consists of three doses given at intervals of six weeks between the first and the second dose and six months between the second and third dose. Children entering school are offered a reinforcing dose.

The following tables give the number of children aged 5—15 years who received:

(a) Full Course of Oral Vaccine (3 doses)

Year of Birth	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	Total
No. Imm.	45	72	29	1	—	2	2	1	1	2	31	186

(b) Fourth Doses—Oral Vaccine

Year of Birth	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	Total
No. Imm.	578	372	16	11	2	4	3	3	3	2	471	1465

Rubella Vaccination (German Measles)

Rubella vaccination is available for girls aged 12/13 years and 750 girls have been vaccinated at school or the school clinic.

Tetanus Immunisation

Since March, 1964, patients attending the casualty department of the Oldham Royal Infirmary following accidents have received immunisation against tetanus. They attend the hospital subsequently for further injections and a medical officer from this department attends once each month to carry out the immunisation.

A few school children completed primary immunisation through this procedure.

B. C. G. Vaccination

Vaccination of Contacts — In accordance with Ministry of Health Circular 72/49 arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. P. B. Woolley, Chest Physician. During the year, 110 schoolchildren (61 males, 49 females) who were found to be Mantoux negative received B. C. G. Vaccination.

Vaccination of Schoolchildren — In accordance with Ministry of Health Circular 22/53, the vaccination of older schoolchildren has been continued. All children in their second year at a Secondary School (i.e. 12/13 year old group) were offered B. C. G. Vaccination.

In the case of children who are strong positive reactors, parents are advised that an x-ray of the chest is necessary. This examination is carried out at the Chest Clinic, Oldham and District General Hospital, and the films are reported upon by Dr. P. B. Woolley, who also undertakes any necessary supervision. No case of active tuberculosis was detected among those examined.

The following figures relate to work undertaken during the year and include figures relating to two direct grant schools.

Number of children offered B.C.G.	1,978
Number of acceptances	1,766
Percentage accepting	90.8%
Number excluded on medical grounds	11
Number completing skin testing	1,641
Number positive	260
Number negative	1,288
Number receiving vaccination	1,287
Number of children x-rayed	54

* The difference between the number of skin tests taken and the results given is due to non-attendance for readings.

DEATHS IN SCHOOL CHILDREN

It is regretted that nine school children died during the year.

1. A boy aged 7 years died from leukaemia.
2. A boy aged 11 years died from bronchopneumonia resulting from a gas explosion in an unoccupied house. A verdict of accidental death was recorded.
3. A girl aged 8 years, a known handicapped child, died from complications arising from congenital malformations.
4. A girl aged 13 years died from shock following multiple injuries in an accident. A verdict of misadventure was recorded.
5. A boy aged 13 years died from carcinoma.
6. A girl aged 9 years died from injuries received in a motor car accident. A verdict of accidental death was recorded.
7. A girl aged 5 years died from haemorrhage and shock in a motor car accident. A verdict of accidental death was recorded.
8. A boy aged 7 years died from leukaemia (not the same child as in 1 above).
9. A boy of 8 years, a known handicapped child, died from bronchopneumonia and congenital heart disease.

Infectious Diseases in Schools

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever & Streptococcal sore throat	To be excluded until child pronounced fit by a medical practitioner.	None.
Diphtheria	To be excluded until the Medical Officer of Health pronounces child fit to return to school.	To be excluded until permitted to return by the Medical Officer of Health.
Measles	7 days from the appearance of the rash if the child appears well.	During an epidemic children under 5 years of age should not be admitted to a nursery school or class or infant school unless they are known to have had the infection or been immunised against it. Otherwise no exclusion.
German Measles (Rubella)	4 days from the appearance of the rash.	None. Female members of staff may wish to seek advice.
Whooping Cough ...	21 days from the beginning of the characteristic cough.	During an epidemic children under 5 years of age should not be admitted to a nursery school or class or infant school unless they are known to have had the infection or been immunised against it. Otherwise no exclusion.
Mumps	Until swelling has subsided.	None.
Chicken Pox ...	6 days from onset of rash.	None.
Poliomyelitis ...	Until clinical recovery.	Home contacts 21 days unless stated otherwise by Medical Officer of Health.
Acute Meningitis ...	Exclude until pronounced fit by medical practitioner.	None unless stated otherwise by Medical Officer of Health.
Food Poisoning	To be excluded until the Medical Officer of Health pronounces child fit to return to school.	As for cases.
Smallpox		
Typhoid Fever		
Dysentery	To be excluded until the Medical Officer of Health pronounces the child fit to return to school.	Normally no exclusion. If any symptoms suspicious of dysentery exclude until authorised to re-admit.
Infective Jaundice ...	7 days from onset of jaundice.	None.
Tuberculosis ...	This condition is usually diagnosed in hospital and appropriate action regarding treatment and exclusion is taken. In case of doubt or difficulty contact Medical Officer of Health.	

HEALTH EDUCATION

This subject is now beginning to gain greater significance in the schools, and more teachers are requesting the help of the Health Department in the teaching of this subject in its broadest sense. The subject encompasses all the stages of life and changes in attitude may be effected in the early years of the school child. Members of the School Health Service come into contact with parents and children, and the maintenance of good health—mental, physical and social, is promoted not just the absence of disease.

Teaching is undertaken by Health Visitors and School Nurses in two ways; by individual counselling in the home and group teaching in schools. Health Education should be a continuous process forming part of the subject matter of much of the normal school curriculum and teachers are encouraged to use the specialist staff available firstly to complement this teaching and secondly to deal with specific subjects requiring specialist knowledge.

In three comprehensive schools the subject of Parentcraft is taught. The Health Visitor acts as a peripatetic teacher and the subject has a regular place in the syllabus throughout the school year. Many subjects are covered in the year's course, including relationships with parents and others, sex education for the 14-15 year olds, deviant behaviour including alcoholism and the abuse of drugs, the home and family and the care of children and the elderly etc. The Health Visitor builds up a good relationship with the boys and girls and is often involved in counselling individuals at the end of a lesson. Teachers and Health Visitors co-ordinate in order to arrange a syllabus or to assess whether children of different abilities are able to take examinations. The Health Visitors have been actively involved in Child Care Courses which have resulted in awards from the British Red Cross and Duke of Edinburgh Schemes at bronze and silver levels. The organisation of courses and arrangements for examinations involves the Health Visitors concerned in much extra work, but the satisfaction obtained by teacher and pupil is very rewarding.

Many 14 year old girls can spend a few weeks at Housecraft Centres, and it is here that the Health Visitor can conduct discussions with small groups and she gives talks on many and varied subjects.

School Nurses and Health Visitors visiting Junior and Secondary Schools to carry out vision, hearing or cleanliness inspections give impromptu talks to the children at the appropriate level. In this way the information is reinforced year by year until the child learns to appreciate the value of good health and will then seek to acquire good standards in the future. A selection of audio-visual aids is available and is being steadily expanded.

It is pleasing to record that parents have requested more 'Parentcraft' courses and we hope to comply with this request.

CASTLESHAW RESIDENTIAL CENTRE

Castleshaw Residential Centre is situated some six miles from the town centre and 1 mile east of Delph and parties of young people and school children are accommodated there throughout the year. Parties are accepted for weekends or for the five week days.

Staff consists of a warden and matron who are resident throughout the year and are responsible for the general maintenance of the building and its contents.

There is accommodation for 28 children or young people and 2 teachers or leaders. School parties assemble at their ordinary schools at 9 a.m. on a Monday and return the following Friday afternoon leaving the Centre at about 1.30 p.m. In some cases the duration of the stay is extended to include the weekend. Children are conveyed to and from the centre by special bus and are medically examined before going to Castleshaw.

The cost to parents for schoolchildren is very small and a child is not debarred from attending because of the parents' inability to pay. An additional charge is made for any weekend booking.

Castleshaw Residential Centre has recently been modernised and extended and the facilities now include a well equipped lecture room, showers and excellent drying accommodation for outdoor clothes.

ATTENDANCE CENTRE—MEDICAL EXAMINATIONS

The Chief Constable at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at Greenhill School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill, and in cases where there is evidence before the court of medical or physical defect, the boy concerned is medically examined. This also applies where a parent requests a medical examination because of some previous medical history.

MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Teachers entering the service of the authority from other authorities are examined by the medical officers of the department as to their fitness for employment. During the year 144 teachers were examined.

Entrants to the teaching profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of forms 28 RQ together with a medical report and x-ray report to the Department of Education and Science. Twenty five medical reports (17 males and 8 females) were completed.

Candidates for Training Colleges

During the year 109 candidates (38 males and 71 females) were examined and all except one female were passed fit for admission. Medical reports were completed and forwarded with form 13 TT to the appropriate college authority.

Ministry of Health Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment.

Examination of School Meals Staff

The scheme for the examination and chest X-ray on appointment of all new entrants to the School Meals Service was continued.

During the year 144 new entrants were examined. All were found to be suitable for employment.

HANDICAPPED PUPILS

Probably the most important function of the School Health Service is to ascertain and assess children who are in some way handicapped and advise the local education authority on suitable educational arrangements for these children.

Many children, particularly those physically handicapped, those with severe hearing and visual defects and severely subnormal children are known from an early age. Other cases, including maladjustment, lesser degrees of mental handicap and minor hearing and visual problems may not be ascertained until after school entry.

The Park Dean School makes provision for the physically handicapped, partially hearing, partially sighted (of primary school age) and delicate children and there is a small assessment and diagnostic unit for children of infant school age who present behaviour or educational problems. The school is equipped with a hydrotherapy pool and physiotherapy department. Attached to the school there is a clinic wing, comprising a medical inspection room, minor ailment room and two dental surgeries. The school has a full time nurse who attends to the children and also sees children with minor ailments from neighbouring schools.

The Marland Fold School provides for the educationally subnormal of senior age and the Strinesdale School provides for those of junior age. This school has residential accommodation on a weekly basis for several boys. The Havenside School is for children who are mentally handicapped to a severely subnormal degree. The age range is from three years to sixteen years although the admission of very young children is dependent upon places being available.

Blind, profoundly deaf and maladjusted children requiring special education are placed in residential schools and the Knowl View School, Rochdale for maladjusted boys is shared by Oldham jointly with neighbouring authorities.

Children suffering from epilepsy usually attend ordinary schools unless their disability is so severe as to interfere with their schooling. In these cases residential schooling is advisable.

Blind Pupils:—

“Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.”

Pupils found to be blind are admitted to special residential schools. There was no ascertainment made during the year but three girls attended residential schools. One girl is mentally handicapped in addition to her blindness.

Partially Sighted Pupils:—

“Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their educational development but can be educated by special methods involving the use of sight.”

One girl was ascertained and admitted to a day special school in Manchester. Three other children also attended this school.

One boy attended the St. Vincent's R.C. School, Liverpool. There were two Oldham children attending the Park Dean School and seven children from other areas.

Deaf Pupils:—

“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils, without naturally acquired speech or language.”

One girl aged three years was ascertained as deaf or possibly partially hearing and was admitted to the Park Dean School. Two other children were maintained in schools outside Oldham.

Partially Hearing Pupils:—

“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

One boy and one girl were ascertained during the year, both of whom were admitted to the day special school. There were 45 children on roll at the end of the year of whom 22 were from outside Oldham.

One girl attended a residential school.

Educationally Sub-normal Pupils:—

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Thirteen boys and ten girls were ascertained to need special education.

The Education Authority maintains two schools for educationally subnormal children, the Strinesdale School for junior age children and the Marland Fold School for senior age children. There are a few resident places for boys at the Strinesdale School. In addition Havenside School is a school for severely subnormal children. Details of the numbers on roll at these schools are given in the section on school accommodation.

Below are some details of children who left the Marland Fold School:—

	Boys	Girls	Total
(a) At age 15 years	1	—	1
(b) At age 16 years	3	4	7
(c) Transferred to ordinary school	1	—	1
(d) Left the district	1	2	3
(e) To Community Homes	2	—	2
(f) To residential special school	1	—	1
	—	—	—
	9	6	15
	—	—	—

Six boys and five girls attended residential schools outside Oldham.

Epileptic Pupils:—

“Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

Two boys and two girls attended residential schools.

Maladjusted Pupils:—

“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.”

Two boys were ascertained but places in special schools were not available during the year. Three boys who were ascertained the previous year were admitted to special schools. At the end of the year 20 boys and 3 girls were receiving special education, one boy and one girl attending day schools.

Physically Handicapped Pupils:—

“Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary school.”

Five boys and one girl were ascertained to need special education. Altogether there were forty-three children from Oldham attending the day special school and seven children attending residential schools. In addition 41 children attended the Park Dean School from outside areas. The following table gives the number of children at the Park Dean School with their various handicaps.

Spina bifida	24	Cardiac disease	7
Cerebral palsy	25	Congenital deformities of limbs	7
Muscular dystrophy	9	Other handicaps	12

The residential schools in which children are placed are the Bethesda Special School, Cheadle, Cheshire and the Talbot House School, Glossop.

Delicate Pupils:—

“Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development be educated under the normal regime of ordinary schools.”

During the year 2 boys and 6 girls were ascertained. There were 42 children attending the Park Dean School of whom 2 were from outside areas.

SPEECH THERAPY

There have been some changes in the staffing of the Speech Therapy services during the year. Mrs. S. Smith (née Gow), left in July but fortunately Miss J. Sharratt was appointed full time in September. Additional help became available when Mrs. P. Harrison joined the staff to undertake five sessions per week in the School Clinic.

The arrangements by which Speech Therapy has been available to the hospital services have been continued. Mrs. Clough and Miss Sharratt have each attended the hospital for two sessions per week.

Statistics are given below and it will be seen that the waiting list at the beginning of the year was in fact greater than the waiting list at the beginning of 1971. Although we have had more Speech Therapy staff this is a service in which statistics may confuse the issue and may tend to give impressions contrary to the actual situation. It will be seen that the waiting list at the end of the year was considerably reduced from the number awaiting at the end of 1971.

Waiting List 1st January, 1972	286
Referrals during year	189
Cases discharged	55
Cases where treatment unnecessary	60
Cases under treatment 31st December, 1972 ...	181
Waiting List 31st December, 1972	179

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1972

PART 1—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

- NOTES :—1. Where selective medical examinations are being carried out the number of pupils who have been “inter-viewed” or “discussed” at case conferences and found not to warrant a medical examination, are shown in Column 5.
2. Pupils found at Periodic Inspection to require treatment for a defect are not excluded from Columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.
3. Columns (6), (7) and (8) relate to individual pupils and not to defects.

TABLE A—Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	669	668	1	—	10	28	31
1967	1166	1164	2	—	18	54	64
1966	605	602	3	—	11	32	41
1965	36	36	—	—	2	—	2
1964	56	56	—	—	3	4	6
1963	20	20	—	—	2	3	4
1962	28	28	—	—	2	—	2
1961	20	20	—	—	2	2	3
1960	8	8	—	—	1	—	1
1959	3	3	—	—	1	1	2
1958	20	19	1	—	—	—	—
1957 and earlier	914	912	2	—	24	32	52
Total	3545	3536	9	—	76	156	208

TABLE B—Other Inspections

NOTE:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	140
Number of Re-inspections	193

TABLE C—Infestation with Vermin

NOTE:—All cases of infestation, however slight, are included in this Table. The return relates to individual pupils and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses	48,359
(b) Total number of individual pupils found to be infested ...	1,725
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D—Screening Tests of Vision and Hearing

- Is the vision of entrants tested? No.
- If the vision of entrants is not tested, at what age is the first vision test carried out? Children in their second year at an infants' school. Ages vary from 5+ to 6+
- How frequently is vision testing repeated throughout a child's school life? Annually
- (a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 10 years to 11 years of age and 14 to 15 years of age if no record of earlier test.
- (c) Are both boys and girls tested? Yes.
- By whom is vision testing carried out? School Nurse.

6. By whom is colour vision testing carried out? School Nurse and School Medical Officer.
7. Is audiometric testing of entrants carried out? Yes.
8. By whom is audiometric testing carried out? Health Visitor/School Nurses.

*PART II—Treatment of Pupils Attending Maintained
Primary and Secondary Schools (including Nursery and
Special Schools)*

NOTES:—The following tables show the total number of:—

- (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) Cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) Cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	24
Errors of refraction (including squint)	2,362
Total	2,386
Number of pupils for whom spectacles were prescribed	952

TABLE B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	63
(b) for adenoids and chronic tonsillitis	312
(c) for other nose and throat conditions	62
Received other forms of treatment	4
Total	441

Total number of pupils in schools who are known to have been provided with hearing aids:

* (a) 1972	4
(b) in previous years	51

* A pupil recorded at (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
Pupils treated at clinics or out-patient's departments	678

TABLE D—Diseases of the Skin

(excluding uncleanness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	127
Impetigo	14
Other sk'n diseases	18

TABLE E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	178

TABLE F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	236

TABLE G—Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	516
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	1
(c) Pupils who received B.C.G. vaccination	1,287
(d) Chiropody treatment	429
(e) Orthoptic treatment	236
Total	2,469

SCHOOL DENTAL SERVICE

1. Attendances and Treatment

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First visit	2,199	2,375	572	5,146
Subsequent visits	1,822	4,891	1,406	8,119
Total visits	4,021	7,266	1,978	13,265
Additional courses of treatment commenced	121	224	37	382
Fillings in permanent teeth	1,298	5,331	1,709	8,338
Fillings in deciduous teeth	699	45	—	744
Permanent teeth filled	942	4,360	1,442	6,744
Deciduous teeth filled	576	44	—	620
Permanent teeth extracted	428	1,391	375	2,194
Deciduous teeth extracted	3,652	1,102	—	4,754
General anaesthetics	1,451	628	86	2,165
Emergencies	1,381	1,545	411	3,337
Number of pupils x-rayed	444			
Prophylaxis	1,404			
Teeth otherwise conserved	16			
Number of teeth root filled ...	26			
Inlays	4			
Crowns	35			
Courses of treatment completed	4,255			

2. Orthodontics

New cases commenced during year	39
Cases completed during year ...	21
Cases discontinued during year ...	8
Number of removable appliances fitted	64
Number of fixed appliances fitted	8
Pupils referred to Hospital Con- sultants	7

3. Dentures

Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	3	42	18	63
Total	3	42	19	64
Total dentures supplied	4	43	19	66

4. Anaesthetics

General Anaesthetics administered by Dental Officers	Nil
--	-----

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
5. Inspections				
(a) First inspection at school, Number of Pupils				6,988
(b) First inspection at clinic, Number of Pupils				3,607
Number of a+b found to require treatment				7,469
Number of a+b offered treatment				6,865
(c) Pupils re-inspected at clinic or school				1,532
Number of (c) found to require treatment				1,117
6. Sessions				
Devoted to treatment				1,796
Devoted to inspection				47
Devoted to Dental Health Education				65

HANDICAPPED PUPILS

New assessments and receiving Education.

During the calendar year ended 31st December, 1972		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Df. (10)	Total (11)
A. How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	Boys	-	-	-	1	5	2	2	13	-	-	23
	Girls	-	1	1	1	1	6	-	10	-	-	20
B. Number of children newly placed in special schools.	Boys	-	-	-	2	4	1	3	10	-	-	20
	Girls	-	1	2	1	2	8	-	10	-	-	24
As at 25th January, 1973												
Total number of handicapped children requiring: Places in special schools: receiving education in special school: independent schools: special classes and units: under section 56 of the Education Act, 1944: and boarded in homes.	Boys	-	3	1	16	31	17	22	124	2	-	216
	Girls	3	4	1	7	23	25	4	106	2	-	175

The above totals include seven children awaiting places in special school.

APPENDIX

A HEALTH CENTRE SURVEY

T. P. McKNIFF

Lay Administrative Officer

DEPARTMENT OF PUBLIC HEALTH

The Marjory Lees Health Centre in Oldham was largely a result of a massive slum clearance programme near the centre of the town. An area of 300 acres was scheduled for demolition in 10 stages. During the first stage no general practitioners surgeries were affected, but in the second and third stages surgeries were affected whilst at the same time a road improvement area about half a mile away was going to affect another practice of three general practitioners. All the doctors practising in the town were circulated and finally 9 doctors expressed a desire to practise from the new Centre.

The doctors consisted of 5 single handed practices and 2 partnerships of two handling a total of 23,000 patients.

It should be appreciated that in Oldham, a town which has tackled a gigantic slum clearance programme, that many people have been displaced to estates on the periphery of the borough. Consequently, doctors find their practices scattered throughout a town which is eleven miles long and four miles wide.

The Centre was built generally to D.H.S.S. guidelines and includes 8 surgeries, each with an examination room, a central waiting area for the surgeries together with a treatment room within this area. The local authority accommodation consists of a smaller waiting area, and sufficient consulting and examination rooms to provide ante-natal, child welfare, family planning and chiropody services. The reception office is central to the surgery and local authority waiting areas. In addition the Centre provides 4 dental practitioner suites complete with its own waiting area and reception. This section functions entirely independently from the rest of the Centre.

Full attachment of both health visitors and district nurses was introduced when the Centre opened and accommodation provided. Whilst midwives are not fully attached, domiciliary midwives attend and assist at the general practitioners' ante-natal sessions.

The Centre was opened in October, 1970, and in June, 1972 it was decided to try and evaluate some aspects of the patients' reactions to the new Centre and to test the patients' views of parts of the design of the Centre.

In addition general comments are made in the report of the experiences gained in the last two years which may be helpful in the design and organisation of any new Centres.

Basic Details of the Survey

In order to get a representative group of the 23,000 patients involved, a preliminary survey lasting three weeks was carried out to find out the sex and age groups of the patients attending. This survey was carried out at what was considered an 'average' time, i.e. no bank holidays, etc. intervened.

In all, 365 persons were approached to complete the questionnaire. 55 (18%) did not co-operate. 31 had not sufficient time or had to go to work, 7 said they were too ill and 17 declined the invitation.

310 patients were considered to be representative of the 23,000, i.e. 13.5% of the total. Of these, 144 were male and 166 female. The age/sex breakdown was:—

0—10		11—15		16—20		21—30		31—40		41—50		51—60		61—70		70+	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
20	15	9	13	9	14	18	30	18	18	24	26	24	21	18	23	4	6

The actual survey took the form of a data sheet which gave the personal details of the person to be questioned, i.e. age, sex, occupation, etc. The second part posed 32 questions to the patient. The parents who accompanied the children in the 0—10 age group were asked to fill in the questionnaire. As this age group comprised 11% of the total sample it was felt that these opinions would be relevant to the survey.

D. G. Millar (The Journal of the Royal College of General Practitioners, December, 1972) did a similar but smaller survey at Worcester in 1971, “at random, although not in any rigorous sense”. Millar found only 4% of his sample below the age of 20 years, whereas the usage and sample in Oldham in these age groups amounted to 25.8%.

The survey had no particular object in mind other than to try and obtain some “consumer” reaction to the first Health Centre in the town and ally this to various situations such as communications, transport facilities, etc.

Distance

One of the most discussed subjects in the design of this and other centres is that of the distance that patients have to travel. The Marjory Lees Health Centre is not particularly well served for bus stops but the reaction of patients showed up some remarkable fallacies.

Patients were asked, “How far do you have to come to visit this Health Centre?” The interviewers however filled in the data relating to distance before questioning the patient. Knowing the actual address of the patient questioned, the interviewer could give the answer to the same question much more accurately. The following comparison emerged:—

	Less than $\frac{1}{2}$ mile	$\frac{1}{2}$ ml - 1 ml	1 ml - 2 mls	Over 2 mls
Patients answer	52	58	78	122
Interviewers ,,	66	91	105	46

This shows that persons, generally speaking, do not have a great appreciation of how far they have to travel to get to any particular point. However, as far more people overestimated the distance they had to travel the answers to the question of how convenient it was to travel such distances were somewhat illuminating. The distances in the following table are those of the interviewers, i.e. the accurate distance.

Distance	Less than $\frac{1}{2}$ mile	$\frac{1}{2}$ ml - 1 ml	1 ml - 2 mls	Over 2 mls	Total
Very convenient	57	34	27	10	128
Quite convenient	8	40	54	26	128
Not convenient	0	13	19	8	30
Not at all convenient	1	4	5	2	12

Even comparing the question of convenience with the distance the patients thought they had travelled gave interesting results:—

Distance	Less than $\frac{1}{2}$ mile	$\frac{1}{2}$ ml - 1 ml	1 ml - 2 mls	Over 2 mls	Total
Very convenient	48	28	25	27	128
Quite convenient	4	20	39	67	130
Not convenient	0	9	9	22	40
Not at all convenient	0	1	5	6	12

Still using the patients' estimation of the distance they lived away from the Centre these figures were checked against the length of time they had been on their general practitioner's list, as follows:—

	Less than $\frac{1}{2}$ mile	$\frac{1}{2}$ ml - 1 ml	1 ml - 2 mls	Over 2 mls
On list over 18 months	40	50	75	110

Of these patients who had been on their doctor's list for over 18 months they showed the following reactions on the question of convenience:—

Very convenient 110, Quite convenient 117, Not convenient 38, Not at all 10.

From these figures it can be deduced that patients in these categories wish to keep with their doctors within the new Health Centre despite distance and changed circumstances.

72 patients (27.6%) who lived a mile or more away felt that the journey was either easier or no different whilst 41 (15.7%) who lived the same distance away thought the conditions were worse. 4 (1.5%) persons living within $\frac{1}{2}$ mile thought that the journey was more difficult.

Frequency of the need to visit a Health Centre did not seem to have any effect on the amount of distance to be travelled. Of the whole sample the following table emerged:—

Frequency of Visit		Frequency of Visit Compared with Distance			
Whole Sample		Under $\frac{1}{2}$ ml.	$\frac{1}{2}$ ml. - 1 ml.	1 ml - 2 ml.	Over 2 ml
Once per week	2.3%	4.6%	—	2%	4.3%
Once per month	17.4%	20.0%	20.9%	15%	13.0%
Once in 3 months	19.4%	20.0%	19.8%	17%	24.0%
Once in 3/6 months	9.7%	12.3%	8.8%	8.6%	10.9%
6 months or less	51.2%	43.1%	50.6%	57.4%	47.8%

There is obviously very little discrepancy in the frequency of visit of the whole sample compared with the distances to be travelled.

Patients who had not changed their doctor on the opening of the new Health Centre were asked to compare their journey to the Health Centre with that of the journey to the former surgery. There were 261 patients in this category. 66 (25.3%) found the journey very much easier, 21 (8%) a little easier, 108 (41.4%) found no difference — thus a total of 195 (74.7%) appeared to be satisfied about the situation of the Health Centre.

Of 66 patients who found the journey more difficult, 39 felt it was a little more difficult and 27 very much more difficult.

Curwin and Brookes (Lancet, November 1st, 1969) suggested that "in order to avoid saddling the next generation with unsuitable buildings" one of the questions that needed answering was "to what extent is the success of a Centre determined by its location and the transport pattern?"

The Marjory Lees Centre is not particularly well served by bus services in that the buses do not actually pass the entrance to the Centre. The main shopping centre of the town is $\frac{1}{4}$ mile away. As only 8% of the sample said their journey was very much more difficult, and the fact that very few patients changed their doctor, it would appear that if general practitioners are to be congregated together in large Health Centres, costing over £100,000 each, the general public are quite willing to travel more and do not expect such buildings on every street corner, no more than they would expect there to be a Tesco or Marks and Spencers every mile or so, considering they use these excellent stores much more than they use the Health Centres.

This is the opposite view as that expressed by P. Follis (Medical World, 1966) which states, "Siting — the building must be central. It should be, wherever possible, within pram pushing distance". In urban areas such a theory would produce a proliferation of small uneconomic Health Centres, assuming "pram pushing distance" to be $\frac{1}{2}$ mile each way.

In view of the fact that half of the practitioners changed their surgeries by over a mile, it would seem indicative from the statistics shown that patients are not over worried about the distances they have to travel to a new Health Centre.

Type of travel to the Health Centre

Means of getting to the Health Centre from home were investigated. In the sample 29.7% of patients walked, 45.8% used public transport and 24.5% used private transport.

Hutchinson (The Journal of the Royal College of General Practitioners, 1969, 18.85) found that over 55% used private transport in the Midlands, and Millar (Ibid 1972, 22.125) found 47% in Worcester. This is explained by the lower socio-economic groups in the area compared with the Midlands and Worcester, but it is clear that any future centres designed in the North West must take into account a much higher usage of private cars.

Comparing the mode of transport with the distance the patients had to travel, this followed a pattern which could be expected — in that the further away the patient the more use was made of private transport. One interesting feature emerged — despite the fact as stated before, that the centre is not on direct bus service routes, well over 50% of the patients living over a mile away used public transport.

Mode of Travel	Distance			
	Less than $\frac{1}{2}$ mile	$\frac{1}{2}$ ml - 1 ml	1 ml - 2 mls	Over 2 mls
Walk	50 (75.8)	34 (38.2)	7 (6.6)	0 (—)
Public Transport	8 (12.1)	39 (43.8)	69 (65.1)	24 (52.2)
Private Transport	8 (12.1)	16 (18.0)	30 (28.3)	22 (47.8)

The figures in brackets give the percentages. Distance is that established by the interviewer.

Despite the fewer number of cars being used in Oldham, 30% of patients used cars up to a mile whereas Hutchinson found only 10%.

46 patients (14.8% of the sample) lived over 2 miles from the centre. Of these 24 used public transport and 22 used private transport. Of those using public transport 16 were of the opinion that this was a very or quite convenient distance to travel and of those using private, 20 agreed that the distance was convenient.

Parking of Cars at a Health Centre

Having studied the use of private transport by patients this naturally leads to the consideration of the provision of car parking within a centre.

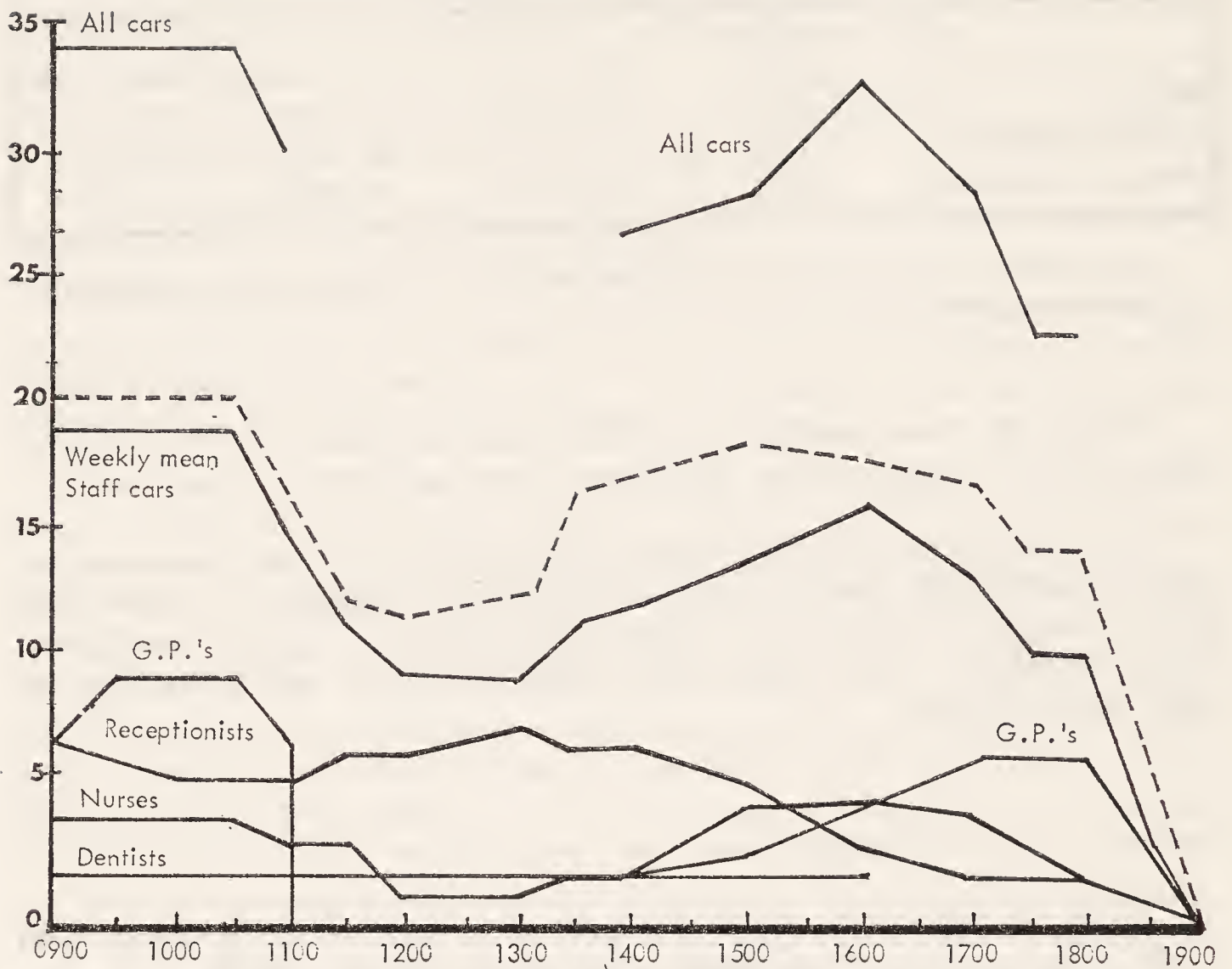
A study was carried out on the use of car parking provided in the Marjory Lees Centre (which has adequate car parking space due to the availability of land in that particular area) primarily to ascertain some standard of car parking provision in future centres where land may be at a premium.

In January, 1973, 25 cars were being used by the main staff of the Health Centre as follows:—

Doctors 8, Dentists 2, Health Visitors 3, District Nurses 3, Midwives 2, Receptionists (G.P. and Dentist) 7.

The graph below gives the usage over a week by staff cars. In addition, working on the data ascertained in the survey on the use of private cars by patients (24.5%) to give a 95% probability of obtaining a car space on the appointment system, 15 car parking spaces would have to be provided. A simulation exercise gave roughly the same answer. In the graph, 15 car parking spaces have been added to the weekly mean of staff cars which shows that at least 34 car spaces should be allocated. The dotted line shows the peaks hidden by the weekly mean.

Taking the accepted standards of 8 ft. x 16 ft. for each car with 24 ft. in between rows, the total area required on the above data would be just over 7,600 sq. feet. The total square area, excluding external paths and grass, of the Marjory Lees Health Centre is just over 11,000 sq. feet.



Car parking thus posed major problems in the design of a Health Centre. Land in Oldham is relatively cheap (£30 per sq. yard) therefore the value of the land to provide the 34 car spaces required is just over £25,000, nearly a quarter of the total building costs of the centre. It is more than likely that the extra cost of putting the car park underneath the centre would be less than the cost of the land needed outside the centre, then it would seem sensible to consider using car parks underneath a Health Centre in most cases, particularly in areas of high land values.

Moral judgements on the provision of expensive car parking facilities must be made. General practitioners presumably must have a car park but, as the graph shows, they use the car park least of all. Receptionists, on the other hand, are the biggest users but do not need a car during the hours of duty.

The Appointment System and Making Appointments

In asking patients' views of the appointment system 205 (66.2%) stated that they preferred the fixed appointment, 75 (24.2%) preferred to turn up at the surgery at any time during the stated hours as they had done before, and 29 (9.6%) would like a combination of the two.

Bevan and Draper in "Appointment Systems in General Practice" stated that "the higher the social grade the higher proportion who said they would always/usually attend by appointment." The results in Oldham bore out this

view. The table below gives the views on the choice of systems in social classes. The social groups are not exactly the same as Bevan and Draper, as housewives were taken as a whole group. The percentage figures under the class number give the proportion of each class in the whole sample.

	I (4.5) Professional	II (20.6) Clerical	III (10.3) Skilled	IV (22.6) Manual	V (25.8) Housewife	VI (16.2) Retired, etc.
Prefer fixed appointment	10	48	21	38	61	27
Prefer surgery hours	2	11	8	23	14	17
Combination	2	6	2	9	5	5

Age groupings had an obvious effect on the choice of appointment systems or otherwise. In the younger and older age groups a higher proportion of the totals choose surgery times or a combination rather than fixed times. It is obviously much easier for mothers of young children, and apparently teenagers, to be able to choose their own time when to attend a surgery. It was not surprising to find that in the over 60 group 39% preferred the surgery times or a combination.

In the analysis of the six social groups the manual workers were the majority group who preferred open surgery or a combination or appointment and open surgery. As 61% of the manual workers lived over a mile away and 83% of them either walked or used public transport it can be assumed that the combination of the length of journey and type of transport does not help when such a patient has to arrive at a fixed time.

Age Groups and Appointment Systems

Age Group	Sample %	Prefer Appointment %	Open Surgery %	Mixture %
0—10	11.29	21	60.0	8 22.8 6 17.2
11—15	7.10	14	63.6	7 31.8 1 4.6
16—20	7.40	13	56.5	9 39.1 1 4.4
21—30	15.48	36	76.6	8 17.0 3 6.4
31—40	11.61	25	67.6	10 27.0 2 5.4
41—50	16.13	34	68.0	9 18.0 7 14.0
51—60	14.52	31	68.9	11 24.4 3 6.7
61—70	13.23	25	62.5	9 22.5 6 15.0
70+	3.20	6	60.0	4 40.0 — —

Generally, it has been thought that mothers with young children would prefer the open surgery but, contrary to this, 60% of such mothers preferred the appointment system. It is not surprising that mothers with children should show the highest percentage figures for wanting a combination of the two systems.

Bevan and Draper found that the over 64's were still the least likely to be regular users of appointment systems. This is borne out by the above figures. Bevan and Draper also state "people in the middle age groups seemed most strongly disposed to use appointment systems". This is borne out in the Oldham survey in the 21—60 group. 70.4% preferred appointment system, 21.2% did not, and 8.4% the combination of appointment/open surgery.

The significant difference between the Oldham survey and the results found by Bevan and Draper was in the 16—20 age group who had the highest incidence for wishing to have an open surgery.

It could be significant that of this group (16—20) 8.7% attended the surgery once per week compared with the sample average of 2.3% and 21.7% attended once a month compared with the average of 17.4%.

83% of the whole sample thought that it was easier or no more difficult to see the doctor in the new centre, which has all G.P.'s on an appointment system (41.4% very much easier, 16.9% a little easier and 24.7% no difference). 17% thought it was more difficult (12.1% a little more difficult, 4.9% very much more difficult). This is an entirely different result to Dixon's survey in 1970 — as an opinion, it is now harder to see the doctor.

It could be thought that distance may have had some effect on this 17%, but this was not so. Exactly the same percentage when asked their views on distance earlier in the questionnaire gave the answer it was not convenient or not at all convenient, although the breakdown of the figures gave slightly different results.

	— $\frac{1}{2}$ mile		$\frac{1}{2}$ - 1 mile		1 - 2 miles		+ 2 miles	
	Appt.	Distance	Appt.	Distance	Appt.	Distance	Appt.	Distance
Not Convenient	7	—	16	13	10	19	4	8
Not at all convenient	1	1	3	4	8	5	3	2

Patients were asked if, on the appointment system, they chose the particular session or was it the only time they could get an appointment. 58.4% were able to make their own decisions, but 41.6% were given the only time available. 27% of those who were made to take an appointment (11.3% of the whole sample) found that this caused them inconvenience.

The cause of the inconvenience in all cases, except 4, was either family difficulties with children or difficulties of getting time off work. As this proportion of dissatisfied patients amounts to over 1 in 10 of the total sample, there is some indication that more thought should be given to those persons to see how they can be better accommodated within the system.

The Making of Appointments

The telephone system in the Health Centre is a PABXI with 6 lines installed. The calls are received at a switchboard and reception have 4 telephones at their disposal for answering calls. As stated, there are 8 doctors in the Centre and 3 Health Visitors. Inter-communication between all telephones in the Centre is available without interfering with the outside lines.

By far the great majority of patients (76.2%) used the telephone to make appointments, the next highest group (20.6%) called personally. The remainder asked other persons to call (1.3%) or booked at a previous visit.

On the actual possession of a telephone, 40% of the sample had their own 'phones, nearly 10% used a neighbour's 'phone, 7% used the 'phone at work and 43% used public call boxes.

Of the 236 persons in the sample making appointments by telephone, 196 (83%) had no difficulty in getting through to the Health Centre but 44 (18.6%) had some difficulty. Of these persons finding difficulty, 22 said they had experienced this once and 22 several times. The difficulties that could be attributed to the Centre were that; (a) the number was engaged or (b) there was no answer, amounting to 14% of the total of persons using the telephone. 24 of the 44 said the number was engaged, this means that 10% of the number of persons in the sample using the telephone found the number engaged.

This is a situation which can only be found out by a survey of this type, as the receptionists are never really aware of how many people are trying to get in touch with the Centre when all the lines are engaged at their end. This is solved quite easily by making more outside lines available on the board.

The fact that 4% of persons using the telephone said that the telephone was not answered shows how important it is that the telephone must be manned at all times.

Over 50% of the difficulties in getting through to the Health Centre were attributable to public call boxes — a situation which was to be expected.

Waiting Accommodation

The waiting accommodation in the Centre is a central area with the eight consulting rooms ranged around this area. The area is split into eight segments of six chairs each, each segment being of a different colour, grouped in circles around a small table. Each of these groups of chairs face an electric sign for the particular surgery, which indicates when the next patient is required in the surgery. This sign is the same colour as the chairs and all directional arrows follow the colour pattern of the particular doctor.

Such an arrangement obviously found favour with the patients in Oldham, 67% saying that the waiting accommodation was very good, 24% fairly good and 7% average. Only 1.2% said the accommodation was fairly poor or very poor.

Patients were asked the reasons for stating why they liked or disliked the accommodation. In the highest group these answers were, "comfortable", "pleasant", "clean and tidy", "spacious", "well organised". In the second highest group, "bright", "plenty of chairs", "not so crowded", "better atmosphere". In the third group, "warmer", "cheerful", "lighter" and "modern".

The colour direction signs were very popular with the patients, only 3% of the sample not liking them.

Asked to state whether they preferred the new Health Centre waiting accommodation to that of the previous accommodation provided in the general practitioner's surgery the answer was overwhelmingly in favour of the Centre; only less than 3% saying that the previous surgery was better. This was consistent with the answers of those who disliked the modern look of the new Centre.

Gibson, in an article (British Medical Journal, May 1970) stated "ideally each suite of consulting rooms should have its own waiting room". When asked if patients preferred the doctor to have a separate waiting room only 6% thought this system preferable, 64% did not want a separate waiting room, whilst the remainder had no preference.

Gibson went on to say “ . . . but if this is not possible, the large waiting area should be broken up by means of the skilled use of chairs to avoid the institutional and impassive appearance of the traditional hospital out-patient department”. As this approach was adopted in the Marjory Lees Health Centre and the patients’ reaction was so favourable, then this method of supplying waiting accommodation would appear to be the most economical and most satisfying way of arranging waiting accommodation.

As stated above, the system for getting patients from the waiting accommodation to the surgery consists of an illuminated sign with a buzzer. Less than 3% of the sample said that they had difficulty with the system. Just over 12% said they had difficulty at first with the system.

The only other alternative, which has been used in other Centres, is a loudspeaker system giving the name of the patient. The patients were asked if they would prefer such a system; 76% thought this system would be worse (44% very much worse) 10% felt there would be no difference and 14% thought the idea would be better (7% very much better). The consumer (patient) reaction in this particular survey is in direct opposition to the view expressed in the D.H.S.S. publication “Health Centres Reception, Waiting and Patient Call” p. 26 summary 5.

It was not the older age groups who preferred the loudspeaker system, the preference for this system being equally divided between age groups 0—15, 16—30 and 31—50, whereas those in the age groups 50+ amounted to only $\frac{1}{4}$ of any of the three other age groups.

Included in the accommodation was a play space for children as specified in the D.H.S.S. Design Guide p. 14 paragraph 4.53.

The Public Health Department’s officers were somewhat sceptical of this provision even at the design stage but finally included it. Casual observation over two years showed this was hardly used. This was not surprising, in that all doctors use appointment systems and there is no time for children to be away from their parents. This point is more than emphasised in that the directions of the Design Guide were followed, in that “it should not be close to the consulting suites but should adjoin the combined health education/waiting area”.

The survey showed that less than 50% of the children attending used the play space and this only on the child welfare centre days. Observations showed that even on child welfare centre sessions the children took the toys from the play space and joined the parents in the main waiting area.

Facilities in the Health Centre

The extent of the knowledge of the facilities provided by the Health Centre was also measured. Considering the Centre had been in operation for two years with complete attachment of nursing services, investigation showed some alarming results.

Only a total of 20 patients (6.5% of the sample) knew of the existence of the Health Visitor service, 6 in the 0—10 age group, none in the 11—20 group, 7 in the 21—30 group, 6 in the 30—50 group and only 1 in all the age groups over 50. This despite the fact that in a survey of visits to over 65 year olds done over a years work by the Health Visitors attached to the Health Centre

and compared with Health Visitors not attached to general practitioners, the Health Visitors in the Health Centre were doing over twice as many visits to this group compared to unattached Health Visitors.

A similar situation was found in the knowledge of the existence of a Family Planning Clinic. The results in age groups were as follows:—

Age	0—10	11—15	16—20	21—30	31—40	41—50	51—60	61—70	70+
Nos.	9	2	4	14	9	5	3	4	0

Considering there were 157 patients interviewed in the 16—50 age group and only just over 10% of these were aware of the clinic, it would appear that much more effort is needed in disseminating information in this field. It was somewhat remarkable that whereas only 1 person in the age groups over 50 knew of the Health Visiting service 7 in this group were aware of the Family Planning Clinic.

The results in the District Nursing field were equally disappointing, particularly in the older groups, whilst in all age groups 45.8% knew of the District Nursing service only 31% knew in the 51—60 group, 34% in the 60—70 group and only 20% in the 70+ group. This again despite the fact that in the previous year 5,445 items of service were given in the treatment room by District Nurses attached to the Centre — an average of over 17 per day.

Patients were asked what extra facilities could have been provided in the Centre. Only 40 suggestions were made, 8 of these were facilities which were already provided, but the individual was not aware of them. 9 suggested an optician and all others were scattered over a wide range of individual ideas.

The conclusion to be drawn from this part of the survey seems to be far more scope for informing the public on what services are available at a Health Centre.

As dentists are accommodated in the Centre, patients were asked if they used this service. 35 answered yes, 273 said they did not. Of the 273, 161 said they were not aware of the dentists in the Centre, 87 already used another dentist, 14 used the School Dental Service, 2 used the dental hospital, 4 said the Centre was not convenient for them for dentistry and 4 used the dentists in the Centre but at one of their other surgeries.

Although no pharmacy is incorporated in the Centre, a pharmacist, displaced in the St. Mary's slum clearance area, was given a site immediately opposite the Health Centre. 200 of the survey said they used this particular chemist, 64 used chemists nearer home and 45 used others. The majority, 80, of these 109 stated that it was more convenient to use another pharmacy.

The Choice of Doctors

Within certain limits any person can have the general practitioner of their choice. It has been suggested that the building of Health Centres would detract from the freedom of choice of the individual. An attempt was made in the survey to find out how far patients wanted an absolute freedom of choice. The question was asked, "If you had to move to a new area where there was only a Health Centre how many doctors should there be for you to consider that you had a reasonable choice of doctor?"

3—5	6—9	10—12	12+
211	83	8	8

The results of this survey shows that the public are not as demanding as tradition has led us to believe. 68% would be quite satisfied with only 3—5 doctors to choose from whilst 94.8% would be well satisfied with the choice of up to 9 doctors. As most Health Centres being built are to cater for 6—10 doctors it would appear to be the optimum number to allow patients choice.

In addition, patients were asked how important they felt it was to have a choice of doctor. 79% stated it was very or fairly important, 14% said it was neither important nor unimportant and 7% said it was unimportant. Of those saying it was important, 232 out of 245 (95%) would be satisfied with a choice of up to 9 doctors. All the 14% who expressed no preference would be satisfied with up to 9 doctors.

Patients Changing Doctor to Come to the Health Centre

39 persons (12% of the sample) changed from another doctor to come to the Health Centre. These were more or less in the same proportion as the whole sample, other than the social classes I and II tended to be higher in number and there were more lower age groups (up to 40) and less of the higher age groups.

The reasons given for going to the Health Centre were:— 17 the nearest doctor, 10 recommended by doctor practising (one doctor has another surgery in the town), 2 the choice of doctors in one location, 3 the idea of a Health Centre and the scope of services, 2 the appointment system and 5 gave various reasons.

15 lived within $\frac{1}{2}$ mile, 6 in the $\frac{1}{2}$ - 1 mile, 10 in the 1 - 2 mile range and 8 in the over 2 mile range. The last figure was rather surprising, being over 5% above the average for the whole sample. The first and second figures of mileage were to be expected being well over the percentage average for the whole sample.

Comparing these new patients with the overall sample there was no significant change in views on the ease of seeing the doctor, and rather more thought that the waiting accommodation was very good.

The most surprising result in examining this small group was in the answers to the comparison of the accommodation in the Centre with that of the previous doctor's surgery. Despite the fact that 74% of this small sample had said the Health Centre was very good and 23% fairly good, 54% said the previous general practitioner surgery was better, 10% said the Health Centre was better and 36% the accommodation was the same.

With regard to the choice of doctors this group gave exactly the same answers, and the whole sample 94.8% saying that up to 9 doctors was an ample number for choice.

The Overall View

The final question to be asked each patient, having answered all the detailed questions mentioned, was, "Taking everything into account do you like your previous doctor's surgery better, the Health Centre better, or both about the same?"

288 (93%) said they preferred the Health Centre, 7 (2%) had no preference and 15 (5%) said they preferred the previous doctor's surgery.

SUMMARY

1. The vast majority of patients prefer using a Health Centre to an individual doctor's surgery.
2. The actual distance persons have to travel to such a Health Centre is not as vital an issue as some have suggested.
3. Car parking and the provision of car parks is an extremely vital question in the provision of Health Centres, particularly in areas where land values are high.
4. The appointment system is not yet fully accepted by the public — some more research seems to be required to reach a satisfactory compromise.
5. The provision of adequate outside telephone lines for the centre is of great importance.
6. The large hall type of waiting accommodation is the most acceptable, provided the chairs are split up into groups.
7. The flashing electric sign is the most acceptable to patients.
8. Much more health education work is required by the local authority staff to ensure that the public are aware of both the facilities in the Centre and the function of the Centre.
9. Patients do not require a very large number of doctors to be practising from a Health Centre for them to feel that they have not sufficient choice.

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